

Redwalls Care Services Limited

# Redwalls Nursing Home

## Inspection report

80 Weaverham Road  
Sandiway  
Northwich  
Cheshire  
CW8 2ND

Tel: 01606889339  
Website: [www.redwalls.org](http://www.redwalls.org)

Date of inspection visit:  
28 November 2016  
29 November 2016

Date of publication:  
13 January 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We undertook an unannounced inspection on the 28 November 2016 and returned with notice on the 29 November 2016.

We had previously carried out an unannounced comprehensive inspection of this service on 14 October 2015 and found there to be breaches in legal requirements. The purpose of this inspection was to check if the registered provider now met legal requirements and to ensure that people who receive the service are provided with safe and effective care

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. At the time of our inspection the home had full occupancy. Four rooms were utilised by the clinical commissioning group to provide rehabilitation to minimise a person's length of stay in hospital or to avoid it in the first place.

The service had registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the inspection on October 2015, the registered provider submitted an action plan telling us they would be compliant with the legal requirements by the end of July 2016. On this inspection, we found that the registered provider had made some improvement and had met some of the previous breaches in legal requirements. However, we identified two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Recruitment processes were still not robust. Staff had commenced their employment without appropriate checks from the Disclosure and Barring Service and without appropriate or verified references. This meant that adequate measures were not in place to ensure that people were only supported by people of suitable character and skill.

There were some positive interactions between staff and people and staff were observed to treat people with respect. However, we identified some areas of practice where people's dignity or safety were at risk of being undermined due to a lack of attention to privacy, comfort or social inclusion.

People told us that they felt safe and were well cared for by staff. They said they had a good relationship with the staff that provided their support; and this had improved now that there more continuity in the staff team. On the day of the inspection, there was not a full complement of staff available due to staff sickness but people's needs were met and call bells were responded to in a timely manner.

Accidents and incidents were recorded but there was no detailed analysis of overall themes and trends. This process had recently been put in place by the registered provider but had not yet been utilised.

Staff kept daily records such as the support offered/delivered or food and fluids consumed. These were not always up to date to reflect accurately what had occurred. This meant that there was a risk that concerns may not be picked up and acted upon.

Care plans were updated where there had been a change of need and information around the risk of harm was clearly available to staff. Care plans were personal to the person and contained information about their needs and wishes. This meant that staff had information available to them to respond appropriately to a person's needs.

People were offered choices in relation to their care and support. Staff understood the principles of the Mental Capacity Act 2005, and said that they would be able to make a judgement around a person's mental capacity in regards to care and support. The staff had a basic knowledge of the Deprivation of Liberty Safeguards and where an application may be required. Care Plans and assessments reflected this. Staff had been supported to undertake training in these areas. This meant that people could be more assured that their human rights would not be infringed and support would be provided with the consent of the relevant person.

People needed medicines to keep them well. The registered provider had processes in place to ensure that medicines were ordered, stored and administered safely. There were measures in place to ensure that a consistent approach was taken with people who had "as required medicines."

People's health and safety was better protected because improvements had been made to the environment to ensure it was well maintained, secure, and clean and the risks of infection minimised.

Staff said that they worked in a supportive environment and that they had a good relationship with management. Staff now received supervision, appraisal, training and developmental opportunity. They told us they felt far more happy, confident and competent in their roles.

People who used the service and their relatives felt that they could go to the registered manager with any concerns, and felt confident that these would be addressed to their satisfaction.

The registered provider has statutory obligation to inform the CQC about a range of occurrences that may affect the health, safety and welfare of people who use the service. This is so that CQC can take follow-up action to safeguard the interests of people if required. The registered provider reported such events. CQC was, therefore, able to better monitor the events that affect the health, safety and welfare of people who used the service.

The registered provider had implemented a number of quality audit systems in order to monitor the safety and effectiveness of the support and the service. Whilst this was in place, it needed to be more robust in order to highlight some of the issues identified as part of this inspection.

## 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 not completely safe.

The registered provider had not ensured that staff had the required skills, knowledge and character to provide support to people in their care.

Staff were aware of safeguarding adults and how to deliver safe care. There were systems in place to ensure that people had their medications safely and as prescribed.

Improvements had been made within the environment to ensure that it was safer for people and that they were better protected from the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who had the training, support and supervision required to ensure that they were competent and confident in their roles.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that people could be assured that care and support would be provided in line with their consent or in their best interests.

People liked the food and drinks that were available to them throughout the day. Support was provided to ensure that dietary and hydration risks were minimised.

**Good** ●

### Is the service caring?

The service was not consistently caring.

There were occasions where people were not always treated with dignity or respect and where their care and comfort could be compromised. At other times, staff were caring, compassionate and patient.

People were provided with information about the service.

**Requires Improvement** ●

Alternative sources of support were explored where a person did not have someone to help them speak up for themselves.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were complimentary about the support they received and told us that it met their needs.

Care plans reflected people's needs and wishes which helped staff to provide a more personalised level of support. The daily records kept needed improving to ensure they reflected the support provided throughout the day.

A record was kept of complaints and compliments. Appropriate investigations were undertaken when things had gone wrong and apologies made where necessary.

### **Is the service well-led?**

**Requires Improvement** ●

The service had made improvements in how it was well-led.

Audits systems were now in place at all levels of the service. These were starting to highlight areas where improvements could be made. They had not picked up on all the issues highlighted on this inspection.

There was a new registered manager and operational management team in place. People who used the service, relatives and staff were pleased with the positive changes: they said they would be quite confident of their issues being addressed.

The CQC had been notified and kept informed of issues relating to both the care and welfare of people being supported but also wider issues regarding the service.

# Redwalls Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 28 and 29 November 2016 and the first day was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received from the registered provider, and also other information CQC had received about the registered provider.

We also spoke to the local commissioners who contract with the service and the safeguarding unit for Cheshire West and Chester. No concerns were raised in regards to the quality and safety of the care provided. We contacted Health Watch who had recently visited the service and no significant issues were reported.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten people using the service and six relatives.

We were able to speak with a total of nine staff which included nurses, care staff, kitchen staff, domestic and maintenance staff. We also met members of the operational management team.

We looked at a variety of records relating to the support of an individual. This included samples care plans, risk assessments, supplementary charts, daily records and medication administration records of twelve people.

We looked at other records relating to the overall management of the series including seven staff files,

training records, maintenance logs, a sample of audits, safeguarding records and accident logs.

# Is the service safe?

## Our findings

People told us that they were "Safe" and "Well looked after". Relatives were positive about the service and commented "There is usually enough staff about and they keep people safe" and "People just aren't at risk here".

At the last inspection in October 2015, we identified that the registered provider, failed to have adequate processes in place to ensure that that only "fit and proper" staff were employed. We issued a requirement action and the registered provider told us, in an action plan, that they would be compliant by 30 January 2016. On this inspection, found that the required improvements had not been made. People were not kept safe because not all staff that provided support been through the appropriate recruitment checks. The registered provider failed to follow their own recruitment policy.

We looked at the staff files for seven of the current employees and found that the registered provider had not undertaken all the required checks. The references for two staff had not been requested or obtained from their last employer. Other references had not been verified to ensure that they were authentic. Therefore, staff employed may not have the relevant skills, experience and knowledge to provide the safe care and support to people.

The registered provider must ensure that all staff has a check from the Disclosure and Barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found that one staff member did not have the required checks at the point of working independently. An Adult First (preliminary check) had been received and the registered manager said they were aware that staff needed to work under supervision until full DBS had come through. Decisions to appoint before receiving the certificate should be made only after a risk-based assessment, and safeguards should be put in place to manage that person. There was no evidence that this had taken place and the rota indicated they had been on night shift as the only registered nurse. Two staff had references that had not been taken up by their most recent employer and others had not been verified to ensure they were authentic. This meant that there was risks that people were supported by people not of suitable character to work within social care.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because the registered provider failed to ensure that fit and proper persons were employed.

In October 2015, we identified that the registered provider had failed to assess the risk of infection including those that were health related. This was a breach of Regulation 12 and we issued a requirement action. The registered provide sent us an action plan stating this would be addressed by July 2016. We found that a number of improvements had been made.

On the last inspection, we saw that there were two double rooms on the premises and at the time of the inspection one of those had double occupancy. There was no risk assessment or business continuity plan in place should one of the people in the room have an infectious or contagious condition and require isolation.



On the day of the inspection this had still not been resolved. However, subsequent to our visit, we were informed that a best interest decision had been taken to move both people into single rooms, that this had taken place and the use of the double room was to be reconsidered.

The registered provider had made positive changes to the environment and the cleanliness since the last inspection. We found that bedrooms, bathrooms and communal areas were visibly clean. Some carpets and all bedroom furniture had been replaced. Plans were in place to refurbish two of the bathrooms to make them more suited to the needs of the people living at the service.

The registered provider had processes in place to ensure that the required checks were undertaken in respect of gas, electricity and water services. There were also checks evident for equipment such as hoists, lifts and fire.

The boiler and heating system had been replaced and this was in the process of being completed. Part of this upgrade was to ensure that water temperatures were better regulated. A concern was identified in October 2016 by the maintenance team that three hot water taps in en-suite rooms were running above the recommended temperature. They told us that new thermostatic controls were on order. In the interim period this posed a scalding risk to people or staff but there were no warning signs and no risk assessments in place. Following the inspection, we received confirmation that the repairs had taken place.

We noted on a number of occasions during the first day of the inspection, that rooms, the registered provider had designated as requiring locking, were left open and hazardous chemicals were not safely stored. On the second day of the inspection, the registered provider identified an issue with the locks and informed us that arrangements were to be made for these to be replaced with key-coded locks. Following the inspection, we received confirmation that these were to be fitted in the New Year and that additional precautionary measures were in place in the interim period.

The registered provider told us that the fire service had visited after the last inspection and told them to make improvements to fire safety. This had now been achieved. We saw that regular fire drills, evacuations and equipment testing were now in place. Each person had a fire evacuation plan in place should staff be required to assist a person out of the building.

At the last inspection, we found that the registered provider had failed to ensure the proper and safe management of medicines and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. We issued a requirement notice and the registered provider informed us that they would meet the regulations by the end of July 2016. We found that improvements had been made.

Each person had a "medication care plan" which made it clear about the reason why they required support and how this was to be provided. Some people were able to manage elements of their own medication and they were encouraged to do so: there was a risk assessment in place so that this was monitored and reviewed.

Since the last inspection, the registered provider had changed how they ordered and managed medication. They were now using a "monitored dosage system" where tablets and liquids were delivered in a single sealed unit ready for administration. The person's photo was on each tray and the person's name in each pod: this assisted staff in identifying the right person and the right medication during administration. Some medications such as those which prescribed for "as required" (PRN), or eye drops, creams and patches continued to be administered from their original packaging. There were pre-printed medications

administration records (MAR) for staff to complete. We sampled 12 of these records and found that they accurately reflected the medication administered. Where people had PRN medication, there were care plans in place that detailed how, when and why these were required. This meant that people would receive medications in line with their needs and wishes.

Following the last inspection, changes had been made to ensure that supplies of "thickener" (prescribed to thicken fluids) were stored safely. Staff were aware of its use and the registered provider had ensured that training had been delivered from one of their main suppliers.

Whilst all medications were stored securely we found that one of the medication trolleys was kept in a room where the temperature was not regularly monitored: on the afternoon of the inspection it was found to be 27 degree centigrade. This exceeded guidance from the Royal Pharmaceutical Society. The registered provider took steps to move this to the other treatment room whilst steps could be taken to further control the temperature of that room.

At the last inspection we found that the registered provider had failed to assess the risks to the health and safety of service users and done all that was practicably possible to mitigate those risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities 2014). We issued a requirement action and the registered provider informed us that they would be compliant by the end of July 2016. We found that some improvements were demonstrated.

Accidents and incidents were recorded by staff and passed to the registered manager to review for individual themes and trends. We did not find that this was fully effective: for example: one person between August and November 2016 a person had been found on the floor on five occasions. The audit system had not picked this up or established that this occurred at night and from bed. The person's risk management plan had been reviewed but had not been updated to look at ways of monitoring the minimising risk. The registered provider had only recently implemented an audit system so that wider themes and trends within the service could be identified so the effectiveness of this could not yet be measured.

Risk assessments were carried out in regards to key aspects of persons care and support. For example, there was key information available to staff around a person's mobility, medicines, skin care and the equipment they used such as bed rails or hoists. The registered provider used recognised risk assessment tools such as the Malnutrition Universal Screening Tool (for nutritional risk) and the Waterlow (for pressure ulcer risk): these were completed where applicable and reviewed at a minimum of monthly. Risk assessments were also in place where issues had been identified specific to individual circumstances: for example, one person, who lacked in capacity, was known to dry incontinence products on a radiator and this had been identified as a potential fire risk. The risk assessment identified the risks to the person and others and described how staff needed to be vigilant at all times. Another person, with swallowing difficulties, was at risk of choking due to their wish to eat foods deemed unsuitable but they were deemed as having the capacity to make that unwise choice.

Some people were on pressure relieving mattresses as they had been assessed as requiring these to prevent pressure ulcers. We found that staff were able to tell us how these were to be checked to ensure they were working and at the right setting. Records confirmed this. The registered provider had purchased new mattresses following a number of these being faulty in the summer.

People we spoke to had varying opinions on the staffing levels. Some felt that staff were always very busy, that they did not always come in a timely manner or said staff came to answer the call bell but then went away again. Others told us that staff were very responsive and came quickly day or night. On the first day of

our inspection, staff were very busy as a staff member had not attended for work but we saw that the needs of people were met, call bells were responded to and we did not observe anyone that had to wait for care. The registered provider had recently installed a new call bell system that allowed them to monitor response times: this matter was then addressed with staff should response times be deemed to be excessive.

Staff had an understanding of safeguarding adults and what this meant for them in their day to day roles. They were able to identify what they would recognise as potential abuse or poor care. The registered provider was aware of what to report to the CQC or the Local Authority in terms of safeguarding responsibilities. There was a copy of the local safeguarding protocol available for staff as well as the registered providers own policy. The registered manager was able to demonstrate that they had highlighted areas of concern in regards to care and support and reported this as required.

## Is the service effective?

### Our findings

People commented that they felt "Confident in the staff", that they were "Kind and knowledgeable" and that "They always ask my opinion on things". Relatives shared this view and felt that staff "Know what they are doing" and "Have encouraged my relative to gain independence".

At the last inspection, we concluded that the registered provider had not ensured that care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014. We issued a requirement notice and the registered provider said that they could be compliant by the end of July 2016. We found that improvement had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to discuss this with us and how they applied the principles in their day to day work. Staff described people having fluctuation in capacity, the need to make assessments that were decision specific, the importance of offering and facilitating choice. Each person, whose documents we reviewed, had a care plan that described their ability to make a wide range of decisions. It also indicated how staff could encourage a person to be able to make or communicate a decision.

Records indicated where a third party had legal responsibility for making decisions on a person's behalf: be it financial or around health and wellbeing. Copies of any relevant document such as Lasting Power of Attorney were evident in files. One person had the involvement of the Court of Protection and key staff were able to discuss with this what it meant and why it was required.

It had been clearly identified where the use of equipment or levels of supervision could be viewed as a restriction or a restraint and possibly constitutes a deprivation. This included the use of locked/ coded doors, bedrails and lap belts. In these situations a mental capacity assessment and a risk assessment had been carried out. An application had been made to the supervisory body for a consideration of DoLS where these deprivations or restrictions had been thought to be necessary and in the person's best interest. The registered manager informed us that she was not aware of any DoLS having been authorised at this time and the local authority confirmed this.

At the last inspection we made a recommendation that the registered provider review the support, training, professional development, supervision and appraisal made available to staff in light of best practice guidance. We found on this occasion that they had made positive changes in the light of this.

New staff underwent an induction that consisted of an orientation to the service, shadowing another member and training deemed as essential for the role. The induction followed the Care Certificate standards. This is an identified set of standards that new health and social care workers should adhere to.

On-going training, refresher training and other developmental opportunities were made available to staff. A minority of staff still required update training in key areas but arrangements were in place for this to happen. The registered provider made use of additional training offered through agencies such as the local authority or health staff. Staff had been given designated "lead roles" in areas where they wished to develop an interest such as infection control, continence, nutrition. These staff took on the role of monitoring this area of support for an individual, making appropriate referrals to other professionals and accessing additional training.

Staff supervision had started on a regular basis and staff confirmed that this happened. Supervision was delegated to different staff member's dependant on roles and responsibilities. Staff also had regular team meetings and sessions in order to address wider issues and topics of discussion. Nurses were provided with the professional development and support required to keep their skills and knowledge updated.

We observed that downstairs people had a positive experience in the dining room. The dining room had sufficient seating to cater for those who wished to use this facility. People were asked where they preferred to have their meal and where a strong preference had been indicated this was in their care plan. A menu was on display on both floors and available to those people who stayed in their rooms.

People were complimentary about the food, drinks and snacks on offer. People told us that they made a choice of main meal the night before. We saw that staff checked again on the day to make sure they still wanted this choice. Additional helpings were offered where someone had eaten all their food and indicated they would like more. Alternatives were offered where people did not seem to like the options available. In one instance a person was refusing to eat and so the chef came out, offered a variety of alternative and convinced them to have a sandwich instead of the main meal. The chef took an active role and was aware of people's dietary requirements. We observed the chef visiting people in their rooms to talk about their choices and preferences for the day. Snacks, fresh fruits and drinks were made available throughout the course of the day.

## Is the service caring?

### Our findings

People said that staff were "Caring", "Do a good job at making me feel better" and that "The staff look after everyone well".

The last inspection, we found that people were not always treated with dignity and respect and this impacted upon their care and treatment. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the registered provider with a requirement action and they informed us that they would be compliant by the end of July 2016. We found that some improvements evident but our observations throughout the inspection were variable and still indicated a breach of regulation.

In our discussions with staff they were able to demonstrate how they would ensure that they treated people with dignity and response. Staff talked about wanting to make Redwalls a happy place to live and their aim was to make people feel safe and happy.

One person told us that they liked to keep their door open so that they could "Watch the world go by". We found that people's rooms were closed, fully opened or partially opened. Only two of the records reviewed indicated whether a person had a preference in regards to this matter. We observed one person had their door wide open but they were on their bed with the lower half of their body uncovered and their catheter bag on view. This person was not able to communicate a preference. This meant that a person's dignity could be comprised as some people were positioned so that anyone walking around the Home could see into directly into their personal space.

We saw that staff checked on people throughout the day but checks were not always sufficient to ensure a person's comfort. We observed two people cared for in bed on a pressure relieving mattress. However, the sheets had slipped down and both were lying on sheets that were crumpled underneath their sacrum. Other parts of their bodies were directly on the plastic mattress. Records indicated that they had last been repositioned around 1.5 hours previously. One of those people had a warm drink indicating that staff had been in the interim period but had not taken the time to readjust the person's position to aid comfort.

Those who participated in the activities on offer were observed to have a good time, enjoyed themselves and had pleasure in the interactions with others. Some people said that they were not always aware of activity that was taking place and thought that there were occasions where they "Missed out". On the second day of the inspection, we observed staff ask a person if they wished to come to the lounge to participate in the cinema afternoon and to watch a "Carry on" film. The film afternoon was already well underway by this time; the film (Chitty Bang Bang) was half way through and drinks/snacks already served. This meant that there was a risk that not all activities were inclusive and people could be isolated.

Our observations indicated that people who occupied the upstairs lounge had very little contact with staff. People were not offered a choice to sit at the table for lunch and once it had been placed in front of them staff left the room. We had to ask for the person's feet to be readjusted to ensure they were placed on their

footstool three times in the day as they sat with feet dangling above the floor and they expressed discomfort. The registered manager informed us that a new chair was on order that was more appropriate for this person. On another occasion we had to request assistance from staff as a person was walking across this lounge calling for help and observed to use an over-chair table as a mobility aid. The Zimmer frame normally used was left across the room out of their reach.

These are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the registered provider had not ensured that the privacy and dignity of people was afforded at all times.

Other observations were positive. In the downstairs dining room, staff sat and supported people who needed support with eating. They spoke to these people throughout, letting them know when the next spoonful was ready for them and they prompted people to eat more if they stopped eating. This was done in a caring and respectful manner. Staff placed a plate guard around one person's plate to help the food stay contained on the plate and prevent spillage. Carers asked people if they wanted their food cutting up and offered support without compromising a person's independence.

We discreetly listened to staff interaction throughout the day and heard them to be polite and kind in their approach. We heard staff chatting away to people whilst providing support and telling them why they were there and what they would like to do. On another occasion, we overheard a person becoming agitated. Staff chatted to person, tried to calm them down and were able to them at ease.

Some people had chosen to personalise their rooms and staff told us they encourage people to do so. People told us that they felt at home in the service and it was "The next best thing to my own place". Staff supported one person to visit their own home and to spend time there. There were quiet spaces around the service where people and their relatives could sit and talk in private. Relatives were welcomed by staff and were offered drinks during the time they spent visiting. There were also gardens surrounding the home which looked well maintained, which people told us they liked to spend time in when the weather was nice.

Wherever possible, staff tried to ensure that they cared for someone right through to the end of their lives. Staff had taken the opportunity to have further or on-going discussion with people about their wishes whilst reviewing a person's care and support. Care plans indicated the treatment wishes of a person in the latter stages of their life and where their preferred place of care would be. This meant that people could have the opportunity to express their choices so that their wishes could be maintained at end of life.

The registered provider had a statement of purpose and a guide that was available to everyone who lived or was interested in going live at the home. This provided information about the service, its aims, ethos and philosophy of care.

The registered manager was able to speak to us about people who lived at the service who had no family or where there was family conflict. She was able to discuss with us the role that an Independent Mental Capacity Advocate or the Advocacy service could fulfil in this situation and provided us with evidence that she had been trying to make referrals to the service. This meant that they recognised that people sometimes needed others to safeguard and protect their interests.

## Is the service responsive?

### Our findings

People told us that the support they received was adequate made comment such as "All my needs and wishes are met", "The carers are very good and some are excellent". Relatives agreed with these statements and added "There is very few agency staff which makes a significant difference to the care and continuity".

On the last inspection, we found that the registered provider had failed to ensure that people were protected from the risks of unsafe or inappropriate care and staff did not keep a contemporaneous and accurate record in respect of each person. These were breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent an action plan stating that they would be compliant by July 2016. We found the some improvements had been made.

The registered manager or the deputy manager undertook an assessment prior to a person coming to live a Redwalls in order to ensure that they could meet their needs. There was also a plan to involve a care staff member in this process.

The registered provider had recently moved to an electronic based care plan system .Staff were gradually finding out where and how to record information on the new system: they were positive about its introduction. Agency staff and visiting professionals also had access to the information required on the system.

People told us that staff spoke to them about their care and what help they needed. People and relatives commented that things had improved since the service had reduced the number of agency staff: they felt that now staff knew them better.

Care plans were reviewed on a monthly basis or sooner of there had been a change in need. There were detailed care plans in place around key aspects of a person's care and support. This included information for staff as to the person's preferences, like and dislikes and how they would like their care to be delivered. On the first day of our visit, a person told us that they had two male carers provide support but they did not like this. We encouraged them to share this with the registered manager which they did: this was then included within their personal care plan. Where a person had a specific need such as support with mobility or maintaining continence, there was clear information for staff as to how this was to be done and what equipment or products were used.

Some people had issues that affected their mental or psychological health and this was also addressed in the care planning process. For example, one person had hallucinations but there was information and guidance for staff as to how to respond to these occurrences in order to minimise distress and to ensure a consistent and appropriate response. Another person could become anxious if their clothes were washed as they did not believe they would come back: information and instruction was there for staff to follow. "Resident of the day" had also been introduced to ensure that each person had a holistic review of support and living environment on a regular basis. This gave the opportunity for care, catering and maintenance staff to meet with the person and if appropriate their family.



Staff monitored the risks associated with person's health and wellbeing. Where concerns had been identified such as weight loss, pressure ulcers or continence care, referrals had been made in a timely manner to other professionals or agencies. Any help or guidance given was then incorporated into the care or risk plan and acted upon.

Some people told us that on occasion they felt bored and that there was not much to do. Due to recent and unfortunate circumstances, the service was without its activities coordinator. The registered provider was in the process of recruiting a new staff member to support with this and was keen to ensure that people's social needs were met. There was an acknowledgement that some things were in abeyance until the new appointment was confirmed but we saw evidence of many events and activities that had occurred over the summer months. There were also plans to start a Redwalls Choir which people were excited about. Over the course of the inspection, we saw that a local school visited and sung to people and also there was a "cinema" afternoon with a films, drinks and snacks.

The registered manager kept a record of compliments and complaints that were received. There were written responses to complainants and apologise made where care had fallen short of expectations. People told us that they would go directly to the manager with their concerns and felt confident that these would be dealt with. The complaints procedure was available and also included in an information pack given upon admission.

## Is the service well-led?

### Our findings

People said that "Things were better" and that "There have been lots of changes since you came last". Relatives were aware of the changes in the running of Redwalls Nursing Home and felt it was "For the better".

Since the inspection in October 2015, the directors of Redwalls Care Services Limited had completely changed. The service was now part of the Kingsley Healthcare Group. There had been a number of changes within the management of the service and a new manager was registered with the CQC on 3 November 2016.

Staff spoke about the changes that had occurred and were very positive. They stated that the manager was "Approachable" and said that the team was happy" which helped to generate a "Good atmosphere". There had been a number of staff changes in the last year and it was felt that some of the previously negativity had broken by introducing new staff and ideas into the service. Previously some nurses or care staff would only work upstairs or downstairs: however now all staff rotate which means that they get to know people throughout the service.

At the previous inspection we found that the registered provider had failed to notify the CQC about specified incidents within the service. We wrote to them warning that it is within CQC's powers to initiate criminal proceedings against them for breaches of these Regulations. We found that improvements had been made. The registered manager and registered provider were aware of their duties and responsibilities and the CQC had received notification of key events where appropriate.

The last inspection had highlighted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have systems in place that enabled them to assess, monitor and improve the quality and safety of the service. We issued a requirement action and the action plan sent to the CQC stated that compliance would be achieved by July 2016. We found that some improvements had been demonstrated.

The registered provider had introduced a series of audits in order to oversee and monitor the quality and safety of care. The registered manager was now completing these and a weekly report was submitted to the head office for further scrutiny. The operations manager also visited on a regular basis and completed her own quality audit. Further work is required to ensure the robustness of these audits as they had not highlighted that some of the issues from the last inspection were not yet fully completed. They had also failed to pick up on all of the issues highlighted as part of this inspection process. This included the deficits around safe recruitment practices which had meant that people could be placed at risk. We also highlighted a lack of dignity afforded to some people that indicated further improvements to practice were required.

Further audit was also required to ensure that documentation was robust: Staff kept a record of what someone had eaten or drank if they required close monitoring but records were not always completed at the time. We looked at a sample of records and the majority indicated that no fluids had been offered or

consumed from tea time to breakfast time. We observed this not to be the case and people confirmed that drinks and snacks were always available. These charts were not checked or monitored in order to analyse and utilise the information to make decision on care, support or medical assessment. We brought this to the attention of the registered manager and registered provider as part of our feedback. They assured us that a review of recording and documentation would be undertaken to ensure that it reflected the support delivered

The registered provider had new policies and procedures in place in order to reflect the requirements of the business and also to direct staff in their day to day work. These, in the main, now better reflected current legislation, policy and best practice. We noted that some policies provided still required updating. For example: Recruitment referred to the previous CQC essential standards and staffing referred to the General Social Care Council: neither of which are now relevant.

The registered manager had ensured that staff had received regular supervision or appraisal. This meant that staff were now better supported with their learning and development to enable them to fulfil the requirements of their role. Staff were complimentary about the changes to the service and felt that there had been a positive change in the culture and ethos of the service that made it a more positive place to live or to work.

The registered manager talked to us about issues that had occurred within the service and where staff behaviour or practice had fallen short of the registered provider's expectations. We saw that appropriate action had been taken and that the registered provider had appropriate policies in place to support this: such as performance management, sickness and absence and the use of Social media.

The registered manager informed us they had tried continued to look at ways of engaging families and people who used the service in meetings but these were still poorly attended. She felt that, as the management team, had a daily presence within the home people spoke about their concerns or compliments on a daily basis. She had recently put in place a confidential "post box" for people, families, staff, professionals to use in the hope that this may encourage further feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The registered provider had not ensured that the privacy and dignity of people using the service met at all times.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The registered provider had failed to undertake the checks required to ensure that only fit and proper persons were employed.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We issued a warning notice and told the registered provider to be complaint by 3 April 2017.