

Redwood Care Homes Limited

Redwood House Residential Home

Inspection report

Cherry Hill Road, Worcestershire
B45 8LL
Tel: 0121 447 7447
Website: www.redwoodhouse.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 3 February 2015 and was unannounced.

The home provides accommodation for a maximum of 28 people requiring support with dementia.

There were 23 people living at the home when we visited and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People were positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

Summary of findings

People were well supported by care staff. However, staff were not adequately covering cleaning duties in the cleaner's absence.

People received their medicines as prescribed and at the correct time and medications were safely administered and stored.

We saw that privacy and dignity were respected.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs and families told us that they felt that further help was sought when needed.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training that was continually updated. The registered manager told us that all staff training was regularly reviewed and regular checks were made to ensure that everyone received the right training.

People and staff told us that they would raise concerns with senior staff, the registered manager or the provider and were confident that any concerns would be dealt with.

The manager and care staff received regular training which helped them look after the people they cared for. The manager undertook regular checks to ensure that the quality of the care could be monitored and improvements made where required.

Summary of findings

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 consistently safe.

People told us that they felt safe. People were supported by staff in a manner appropriate to their care requirements.

There was sufficient staff to care for people, although there were inadequate staffing measures to cover cleaning duties in the cleaner's absence.

People received their medication as prescribed to keep them healthy.

Requires improvement



Is the service effective?

The service was effective.

Staff had the appropriate skills and knowledge to meet people's needs and to ensure people received effective care.

People were supported to have sufficient to eat and drink and their health needs were appropriately supported.

Good



Is the service caring?

The service was caring.

People told us they were treated well by staff and we saw positive interactions between people and staff. Staff understood how to care for people and understood what was needed to care for people.

Good



Is the service responsive?

The service was responsive.

People received care individualised to them. People were confident that they could speak with staff if they had any concerns and that they would be listened to.

Good



Is the service well-led?

The service was well led.

People benefited from a culture within the home where staff could be open with a manager who had a good relationship with her team. There were systems in place to monitor quality so that standards could be continually improved.

Good



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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.

This inspection took place on 3 February 2015 and was unannounced.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

During the inspection, we spoke with eight people who lived at the home. We also spoke with four care staff, three sets of relatives, the operations manager and the registered manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at four records about people's care, staff duty rosters, complaint files, questionnaires, communication with families and audits about how the home was monitored.

Is the service safe?

Our findings

People we spoke to were very clear that they felt safe. All staff we spoke with told us how they would respond to allegations or incidents of abuse. One staff member said, “I would tell the person in charge”. Staff could demonstrate their understanding of safeguarding and whistleblowing. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They also stated that they could approach external organisations for help such as the local authority and the CQC. We also reviewed notifications that had been sent through to us which demonstrated that the provider was identifying and responding to issues appropriately. This demonstrated to us that the provider had a system in place to manage the risk of potential abuse and to keep people safe.

During our observations we noted that staff had a good understanding of people’s individual risks. One person had been admitted with pressure sores, and staff were aware how best to care for the person. Plans were in place that ensured staff had information to keep people safe. Where a risk had been identified, care records detailed how to minimise or manage the risk appropriately. Staff were also observed supporting people to use walking aids when needed and assisting them to sit and get up from chairs safely.

The registered manager used a dependency audit to gauge staffing levels and increased staffing as required. Many of the people living at the service and staff working there had been a long time which meant that staff were instinctive in the way they cared for people.

We noted that staff were available to support people when they needed assistance. We observed staff supporting people throughout the day. We saw people staff

responding to people’s requests in an unrushed manner. For example, although people were assisted to use the bathroom, people were given enough time so that they did not feel pressured. Staff we spoke with told us that they felt that there were sufficient numbers on duty. One staff member said “It’s fine. There’s no problems with the staff. . . we work as part of a team.” Throughout our inspection, we observed that people had access to staff when needed. Relatives also told that they felt that there were enough staff on duty and that they had not encountered any difficulties in requesting staff help.

At the time of our inspection we found that there were areas of the home that were not clean, such as the bathrooms. We discussed this with the registered manager who told us that the cleaner had not been in work. We found that adequate staffing had not been allocated to ensure that there were robust cleaning arrangements in place. This meant that the home would not be cleaned thoroughly until the cleaner returned to work. Whilst we recognised that there had been no outbreaks of infection in the home, we were not assured that the arrangements in place were adequately staffed.

We observed a medication round during our inspection. We saw staff explain the medication to people as they handed it to people. The safe storage and disposal of medications was also examined. The Medicine Administration Records (MAR) had been completed correctly to show when people had received the medicines. The provider had systems in place for the appropriate storage and disposal of medicines which were regularly reviewed. The pharmacy that the provider used completed an audit twice a year and no issues had been identified. The competency of staff to administer medication was also routinely assessed to ensure that safe practices were observed. People were therefore given their medicines safely.

Is the service effective?

Our findings

People told that they liked the staff and they felt supported. One person said, “I just press a button. The girls are very good and they come.” Relatives that we spoke with were also very positive about the staff at the service. One relative told us, “We come in at different times and it’s always consistent.” We spoke with staff who told us that they felt supported in their roles. One staff member said, “I’ve worked here for more than 10 years and I’ve loved every minute of it.” Another staff member said, “It’s a good place to work.”

During our inspection we noted that manual handling training was taking place. We also noted that staff training was regularly audited and future training courses had been booked. The registered manager showed us how they kept their staff knowledge up to date with training. All staff said that they received lots of training. One staff member told us, “[the registered manager] always pushes for training. But you can have extra is you ask for it”

People walked around the home freely and were not restricted in any way, and they were supported when needed. We looked at how the Mental Capacity Act (2005) had been implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person’s right to choose or refuse care. They were able to tell us about what safeguards needed to be in place when people could not make decisions for themselves. Staff were able to

tell us about how apparatus like handrails on beds could restrict people’s movement and if they were needed for people’s safety that the decision was properly discussed and recorded. They told us they would refer any issues about people’s choice or restrictions to the registered manager or senior care staff on duty and capacity assessments were noted from care plans.

People told us they enjoyed the food. People were offered a choice at mealtimes. One person told us, “I like the food here.” We also noted from our observations that people were offered choices that were not necessarily on the menu. For example, one person asked for bread with their meal and this was provided. Another person returned their plate and asked for a smaller portion and again this was provided. People’s dining experience was positive and we observed people chatting to each other and eating their food enthusiastically. Where people required special diets, these were provided. Some people had softened food whilst others had higher calorie diets to support weight gain.

People were supported to access other healthcare professionals. One person said that they routinely saw the “Wonderful Doctor” and that sometimes they would visit the service or the dentist or doctor would visit them. People’s care plans contained information necessary to meet their health needs. For example, people’s weight was routinely monitored and this was increased if an issue was identified. We looked at four people’s records which had been kept under review and updated regularly to reflect people’s current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. Care records demonstrated that other professional guidance had been sought and we saw referrals to dentists, opticians, and hospitals.

Is the service caring?

Our findings

All the people we spoke with were happy with the staff that cared for them. One person said of the staff, “The girls are very good.” Another said, “They’re lovely, they are.” One relative told us, “Mum feels really spoilt. She thinks the staff are only there for her!” We observed a relaxed atmosphere in the home and we saw staff chatted with people and people responded to their presence with a smile. We saw that people responded very positively and affectionately to staff. We saw people pro-actively engaging in conversations and touching staff on the arm fondly.

We observed that people had their needs and requests met by staff who responded appropriately. One person told us, “They’re always around.” Staff supported people with their mobility or responded to other requests. We observed staff responding quickly to requests to take people to the bathroom as well as people asking for their glasses to be found. Another person was observed asking a staff member to take a jumper to the room, which was responded to immediately.

People were supported by a consistent staff team that had worked at the service for a long period of time and who understood and instinctively responded to people’s care needs. Staff we spoke with gave positive feedback on their working environment and the management within the home and especially the registered manager. Staff attempted to make people feel as comfortable as possible, for example, one staff member said, “Love it. It’s very homely here.” Another staff member said, “I love every minute of it here.”

Staff were also able to tell us about how they cared for people and had a good understanding of people’s care needs. We saw that one person had a particular way of folding and storing her clothes in her bedroom and this was respected by staff who appreciated that this was the person’s preference. We also observed that staff had a good understanding of which people needed support to mobilise and we saw staff gently providing assistance to

people who required it. One carer was heard saying, “I will not let you fall. I’m here to help. Me and [Carer] will help.” Staff were also aware of the care of people throughout the home. One person liked to stay in their room and staff would regularly pop in on them to check on them. Different activities were happening in different rooms, staff regularly checked on people to make sure they were alright. One person had fallen asleep and did not want to be moved. Staff were observed supporting that person with a pillow, to ensure they were as comfortable as possible. This demonstrated that staff had a good understanding of the people they cared and as well as how they would like to be cared for.

People told us that they were supported to make choices. People were supported to continue to practice their religion, eat the food they chose and dress in a way that they preferred. When we asked people about whether they could get up and go to bed when they chose, they told us they did. One person told us about how they were supported to receive support from a local church. People were involved with decisions about their care. One relative also told us, “Dad is included [in decision making] but he tells me to deal with it.” We also reviewed minutes of a residents meeting that had taken place to advise people of changes within the service.

People were addressed by their name or by a name preferred by them. When we spoke to people and we asked them their name, they expressed to us the same name as the name they were addressed by staff. Staff clearly explained what dignity and respect meant. They were able to give us examples such as knocking before entering bedrooms as well as telling us about specific ways in which to respond to people. When we asked relatives whether their relatives were treated with dignity, they would reply, “Yes.” We saw that people wore clothes appropriate to their age and gender. We saw that some people were supported to have their nails painted or to wear jewellery of their choice. This demonstrated staff understood how to care for people with dignity.

Is the service responsive?

Our findings

People were not always able to articulate to us the sorts of activities they were involved which was sometimes down to difficulties with their speech. However, we saw people reading newspapers, participating in gentle exercise as well as choosing to support care staff to lay the table. We also observed some people having their hair done. We spoke with relatives and staff, who told us that people were able to choose to participate in activities if they chose to. One relative told us his relative “Enjoyed the singing.”

People were involved in the planning of their care at the time of admission through discussions with the manager, staff and family members. These discussions covered a wide variety of aspects of their care ranging from likes and dislikes about food to preferences for clothes. The staff member told us about how people’s choices could change, and that as care staff, they were familiar with updating changing care needs. Care plans we reviewed were individualised to meet that person’s care needs. One

person had a musical preference that reflected their culture. Staff were able to tell us about the person’s culture as well when they preferred to listen to her music. Another person who had a religious belief was supported to maintain links with their church and attend religious services. Relatives had also identified a need for dementia training for relatives and the provider was looking at ways to deliver the training.

People told us that they knew how to raise concerns or complaints. They told us they would speak to the registered manager or that they could speak to a member of staff. One relative told us, “The manager is approachable and wants to know if there are any concerns and acts on them.” We reviewed the comment and complaints folder and noted that all concerns raised with the manager were recorded, acknowledged and responses offered. Where appropriate, action plans/solutions were offered. This demonstrated that the service had a culture where they listened to and acted on complaints and issues.

Is the service well-led?

Our findings

People told that they felt well cared for and we saw that people interacted very positively with the registered manager and the care staff. All the staff we talked to told us that they felt the registered manager was approachable and accessible. One relative said, “[the registered manager], really helped with the process... any questions I just ask.”

All staff we spoke with told us that the registered manager was approachable and accessible. All staff spoken to were very supportive of the registered manager and of each other and there was a strong sense of team working within the service. Staff told us they felt able to tell management their views and opinions about the running of the service or any concerns they may have about people living there. They could do that either at staff meetings or speaking to their manager who would ensure that the information was escalated and dealt with. The registered manager was observed throughout the day walking around the building, stopping and chatting to people and staff. The registered manager told us, “I’m hands on. I like to be out there.” All of the staff we spoke with stated that if they had any concerns, they would have no hesitation in speaking to the registered manager.

People had identified key workers who were responsible for their care and communicating with families. Systems were in place for the key worker to review and update care plans as well as ensure that concerns regarding the person were appropriately dealt with. Concerns included relaying to relatives a person’s change in health or requesting any personal items they may require, such as clothing. Relatives when we spoke with them were happy with the level of communication and feedback that they received.

The registered manager and operations manager told us about how they were developing the service to improve quality. Numerous audits took place each month to monitor quality and to ensure that standards were maintained. There were regular checks of mattresses, medications, care plans as well as people’s mealtimes experiences. These were “tested” by staff which enabled the registered manager to understand whether things could be improved. For example, staff had to be satisfied with the food, service and choice available. The registered manager was supported by an operations manager as well as attending a monthly managers meeting for other managers working for the same provider. This enabled the registered manager to learn from developments that managers ought to be aware of when delivering care. The operations manager also completed her own audits of the registered manager’s work to ensure that a quality service could be delivered. Any incidents concerning the safety of people living at the service were also reviewed and analysed to ensure that the service could learn and improve. For example, further staff training on manual handling was made available following a recent internal audit.

We were able to view questionnaires and comments from families about the service. We also saw a ‘You say we did’ which was a wall display featuring all the things people had requested that had been changed or provided. Complaints/comments/suggestions were analysed to ensure that any trends could be identified. For example, a massive refurbishment of the downstairs lounge was taking place in recognition of feedback from relatives.

This section is primarily information for the provider

Enforcement actions

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