

# Cornwall Care Limited

# Redannick

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Redannick provides residential care for up to 41 older people most of whom are living with dementia. At the time of the inspection there were 35 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 looked relaxed, happy and comfortable with staff, and they interacted well with each other. Staff were caring and spent time chatting with people as they moved around the service.

There were sufficient staff on duty to meet people's needs. The service used some agency staff, in limited numbers, to cover any shifts.

The service was clean and hygienic, and there were appropriate procedures to ensure any infection control risks were minimised.

Cleaning and infection control procedures had been updated in line with Public Health England (PHE) Covid-19 guidance to help protect people, visitors and staff from the risk of infection. During the summer months some families had met people in the garden. New arrangements were in place for families to meet in the conservatory as this was a designated safe area of the service during the winter months.

The staff were provided with scrubs to change into when coming on shift. The management encouraged staff who did not wear scrubs to wear a different set of clothes once in the building and change out of those clothes before leaving the premises to help with infection risks.

People received their medicines safely and on time. Topical creams were labelled appropriately with clear opening dates and use by dates. Clear procedures were in place and staff received medicines training.

The service had suitable safeguarding systems in place, and staff knew how to recognise, and what to do, if they suspected abuse was occurring.

Care plans included risk assessments and guidance for staff on how to meet people's support needs. Risk assessment procedures were satisfactory so any risks to people were minimised. Both care plans and risk assessments were regularly updated to include actions needed in the event of an outbreak of Covid-19.

The service was managed effectively. Staff felt supported. There were appropriate audit and quality assurance systems in place.

### Rating at last inspection

The last rating for this service was Good (published 18 December 2019).

#### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about equipment in non-working order, lack of staff training in equipment use, personal care not given in a timely manner, topical medicines, in particular creams, not given as prescribed. Other issues of concern included, staff not wearing appropriate PPE, monitoring charts, for example repositioning charts, not completed and shortages of staff. The overall rating for the service has not changed following this targeted inspection and remains as good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redannick on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

Inspected not rated.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

Inspected not rated.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# 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.

This was a targeted inspection to check on specific concerns we had about equipment in non-working order, lack of staff training in equipment use, personal care not given in a timely manner, topical medicines, in particular creams, not given as prescribed. Other issues of concern included, staff not wearing appropriate PPE, monitoring charts, for example repositioning charts, not completed and shortages of staff.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Redannick is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgement in this report.

#### During the inspection

We briefly met with people from a safe distance who used the service and spoke to one person. We spoke to eight staff members, the registered manager and deputy manager. We observed staff providing care and support to people during our visit from a socially distanced position.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including audits and a safeguarding notification sent to CQC.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records and medicine audits.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about equipment in non-working order, lack of staff training in equipment use, personal care not given in a timely manner, topical medicines, in particular creams, not given as prescribed. Other issues of concern included, staff not wearing appropriate PPE, monitoring charts, for example repositioning charts, not completed and shortages of staff. We will assess all of the key questions at the next comprehensive inspection of the service.

### Staffing and recruitment

- Staff told us there were enough staff on duty to meet people's needs and keep them safe.
- The registered manager confirmed some staff training had taken place with additional training planned. This included manual handling and tissue viability. Additional training was planned on-line due to the current pandemic.
- The service used agency staff to cover shifts. However, they were regular agency staff as set out in the recent government guidance during the Covid-19 Pandemic.

### Using medicines safely

- Topical medicines, in particular creams, were stored in people's individual bedrooms. Dates of commencing and use by dates were recorded.
- Medicines were managed safely, and records regularly audited.

### Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.

### Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance in place to help them support people to reduce the risk of avoidable harm.
- Updated risk assessments were in place to cover a Covid-19 outbreak. These risk assessments outlined the support people would need if they tested positive at their regular Covid-19 testing.
- People had been assessed to see what equipment they required and could use safely. For example, a pressure mat, highlighting to staff when people were moving, for example from their bed. The registered manager confirmed all pressure mats in use were working.
- The electronic care plan system contained information on people's health and personal care needs. It also included specific individual care needs such as, diet and hydration and positioning charts. Charts were then completed for each person. The electronic care plan system recorded what personal care needs needed

monitoring and completing daily. Any non-completion of people's repositioning and personal care not being carried out, were highlighted to staff and management as 'task incomplete'. This ensured staff completed all tasks.

- Risks relating to people who were vulnerable to skin pressure damage were being managed appropriately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

#### Learning lessons when things go wrong

- The registered manager had identified systems and processes that needed updating, and additional monitoring, when they returned to the service in August. These updates and processes had either been completed or were near completion. The registered manager told us they were continuing to respond and develop more effective practices in the service through continuous reflected practice.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had about equipment in non-working order, lack of staff training in equipment use, personal care not given in a timely manner, topical medicines, in particular creams, not given as prescribed. Other issues of concern included, staff not wearing appropriate PPE, monitoring charts, for example repositioning charts, not completed and shortages of staff. We will assess all of the key questions at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were very visible in the service and took an active role in the running of the service.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. Staff said of the management team, "They (the registered manager) is approachable and fair and has given me lots of opportunities to develop in my role".
- The management team understood their role in terms of regulatory requirements. Audits showed they had been completed. This included care files and medicines.

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

- Staff were motivated and fully focused on ensuring people's needs were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- People's care plans supported staff to provide individual care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the service was well managed and they felt valued. Staff told us the management team were, very approachable and always available for advice and support.

Continuous learning and improving care

- Organisational audits were, in place and used to develop the service by reflecting good practice.
- The registered manager, deputy manager and senior staff kept up to date with training and current guidelines on Covid-19 information to ensure they followed best practice. They implemented new ways of working or planned training to ensure these were embedded in the service. For example, following the pandemic outbreak they received updated information and training to share with staff and people living in

the service.