

Redwalls Care Services Limited

Redwalls Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 23 and 24 May 2018 and was unannounced. At the previous inspection in November 2016 we identified breaches of Regulations 10 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always being treated with dignity and respect and appropriate recruitment checks had not been completed to ensure people's safety.

We issued a warning notice in relation to Regulation 19 and following the inspection the registered provider gave us evidence to show they had met the necessary standards in relation to this regulation. At this inspection we found that the registered provider was no longer in breach of these Regulations, however; we did identify breaches of Regulations 12 and 17.

Redwalls Nursing Home 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 accommodates up to 44 people in one adapted building. At the time of the inspection there were 40 people living within the service. The service is situated over two floors, has access to a large garden to the rear and side of the premises and has on-site parking.

At the time of the inspection there was no registered manager in post; however, a new manager had started a few days before the inspection commenced. 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.

Parts of the environment were not always safe. We identified a shower in which the water temperature exceeded safe limits. In addition there was exposed pipework in the shower which also exceeded a safe temperature and posed a risk of scalds. This had not been identified during routine temperature checks that had been completed within the service.

In one room, boxes had been stacked one on top of the other. These boxes were unsteady and would cause injury if they fell on someone. This room remained unlocked which enabled one person to enter. We ensured the person safely left the room before requesting the room was made secure.

Fluid thickener was not stored securely in people's rooms. This can pose a risk of death if ingested inappropriately. We raised this with management who immediately acted to ensure this was stored safely.

During the inspection we observed people being offered fluids throughout the day; however, records showed that people were not being offered the amount of fluids stated in their care records. We raised this with the registered provider for them to investigate.

Whilst quality monitoring systems were in place within the service, these had not always identified or addressed those issues found during the inspection. For example, whilst the registered provider had identified occasions where some doors had been left unlocked, this continued to be an issue at the inspection which showed that effective measures had not been implemented to prevent this issue from reoccurring.

You can see what action we told the provider to take in relation to these issues at the back of the full version of the report.

Records showed that not all staff training was up-to-date. The registered provider showed us that plans were in place to ensure that this training would be brought up-to-date. Following the inspection the registered provider informed us that training sessions were underway.

People were protected from the risk of abuse. Records showed examples where staff had appropriately reported concerns and these had been passed to the local authority. Staff knew how to report concerns and told us they wouldn't hesitate to do so.

People received their medication as prescribed. Medication was being stored as required by law, and a review of the quantities being kept showed the correct amount was in stock. This showed that measures were in place to protect these substances from being misused.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Deprivation of Liberty Safeguards (DoLS) were in place for those people who required them. This meant that where restrictions had been placed on people, this had been done in accordance with the law.

People told us that they enjoyed the food that was on offer. Kitchen records showed which people required special diets which meant that this information would be available in the event that regular staff were not on shift.

Staff were kind and caring in their approach to people. They spoke kindly and it was evident from interactions that positive relationships had been developed.

Care records were in place which contained personalised information about people's likes, dislikes and preferred daily routines. This helped staff get to know the people they were supporting and facilitated the development of positive relationships.

There was information in people's care records in relation to their end of life wishes. This helped ensure that people's final wishes could be respected.

Activities were in place to help keep people entertained and prevent social isolation. We observed people joining in a quiz and spending time in the garden.

There was a complaints process in place which people had made use of. A response had been given to each complaint in a timely manner and action taken to address any issues.

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 always safe.

Parts of the environment posed a risk to people using the service and action needed to be taken to address this.

Records showed that people had not always been offered sufficient amounts of fluid.

People were protected from the risk of abuse. Staff knew how to identify and report any concerns they may have.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Training records showed that staff training had not been kept up-to-date.

Appropriate processes were in place to ensure people were supported in line with the requirements of the Mental Capacity Act 2005.

People were provided with a choice of meals which met their dietary and nutritional requirements.

Requires Improvement ●

Is the service caring?

The service was caring.

Positive relationships had developed between people using the service and staff.

People's confidentiality was protected.

End of life care plans were in place to ensure people's last wishes could be respected.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Care was not always being provided in line with information being contained in people's care records.

Activities were available to people to keep them entertained and prevent social isolation.

There was a complaints process in place which was available to people.

Is the service well-led?

The service was not always well led.

Quality monitoring processes were in place, however these had not been robust enough to ensure improvements were made where required.

Staff meetings had been held with to disseminate important information throughout the team.

The registered provider had notified the CQC of specific events that had occurred within the service as required by law.

Requires Improvement ●

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.

This inspection took place on the 23 and 24 May 2018 and was unannounced.

The inspection was carried out by an adult social care inspector.

During the inspection we contacted the local authority who did not have any concerns regarding the service.

As part of the inspection 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.

During the inspection we spoke with five people who use the service and three people's relatives. We looked at three people's care records. We spoke with three members of staff, the deputy manager and area manager. We looked at the recruitment records for three members of staff. We made observations on the interior and exterior of the premises. We also looked at records relating to the day-to-day management of the premises, such as audits and maintenance records.

Is the service safe?

Our findings

At the last inspection in November 2016 we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because recruitment processes were not robust. Following the inspection the registered provider submitted evidence of improvements in this area. During this inspection we also followed up on this and found improvements had been made. This meant the registered provider was no longer in breach of this Regulation.

During this inspection we identified that some parts of the environment were not always safe and posed a risk of potential harm to people using the service. In one shower room we tested the water and found this to be 51 degrees Celsius. Within the shower itself there was exposed pipework which we tested and found to be at 59.8 degrees Celsius. Guidance published by the Health and Safety Executive (HSE) specifies that hot water in care homes should not exceed 44 degrees Celsius and hot surfaces should not exceed 43 degrees Celsius, as anything above these temperatures can pose a risk of scalds. After we raised concerns with management in the service, immediate action was taken to secure the shower room.

We looked at water monitoring charts to see if this had been identified and found that it had not. We asked for this shower room to be locked whilst this was addressed.

During the inspection a delivery was made to the service. This was temporarily placed in the conservatory with the boxes placed one on top of the other. We observed the stacking of these boxes to be precarious and would cause serious injury if they fell onto someone. The conservatory had not been locked which would have mitigated this risk, and we observed one person walk into the conservatory area. We made sure this person left the conservatory safely before asking for the door to be locked to prevent any incidents.

We observed that fluid thickener was being stored in people's bedrooms but was not being done so securely. Guidance by NHS England states that this needs to be stored securely to prevent risk of asphyxiation by ingesting this inappropriately. At the time of the inspection there was no one who presented as being at immediate risk from this, however there was a potential risk to people who may move into the service and whose needs would be less well known. We raised this with the manager who addressed this immediately.

We observed that window restrictors were in place within the service; however in one toilet on the first floor the window restrictor was broken. HSE guidance states that windows in care services should be restricted to mitigate the risk of falls. This was replaced after we raised this.

During the inspection we observed fluids were being made available to people regularly. People's bedrooms contained jugs of fresh water or juice and a tea trolley was taken round at points throughout the day. However, fluid monitoring charts documented that people were not always being offered the quantity of fluids they required. For example, one person's care record stated they should be offered a minimum of one litre per day. Monitoring charts showed that on 10 occasions in May 2018, they had been offered less than this amount. We identified other people whose charts showed a similar issue. We asked the manager to look

into this to ensure fluids were being offered to everyone as required.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of the environment were being monitored. For example a fire risk assessment had been completed in November 2017. This outlined a number of actions that needed to be taken, which had been completed.

A gas safety check had been completed and a Legionella risk assessment was in place to protect against the risk of harmful bacteria in the water supply. The passenger lift had been serviced to ensure it was safe, and the stair lift had also been serviced. Records of electrical equipment showed that this had been tested to ensure its safety, however we identified some equipment in the downstairs lounge and dining room that had been missed. We raised this with the handyman for them to action.

Accidents and incidents were being monitored and records maintained. We reviewed these and found that people's care records had been updated where required, and that action had been taken to mitigate the future risk of harm occurring. For example, where people were at high risk of falls regular checks were in place and sensors were in place to alert staff should they fall or attempt to walk unaided.

Training records showed that not all staff had recently completed training in safeguarding vulnerable adults. However, records outlined a situation where a member of staff had taken appropriate action to raise concerns with management, who had acted appropriately to protect the person involved. We spoke to staff who knew how to raise concerns, telling us that they would report to their manager or, if required, report directly to the local safeguarding team.

Recruitment processes were safe. Records showed that new staff had been subject to a check by the Disclosure and Barring Service (DBS) prior to commencing employment. This identifies if staff have any criminal convictions and helps employers determine if applicants are suitable for the role. References were also in place, one of which was from applicants' most recent employer.

Infection control procedures were in place. Personal protective equipment (PPE) such as disposable gloves and aprons were available and being used by staff. The premises were clean and we observed domestic staff cleaning throughout both days of the inspection.

During the inspection we checked staffing levels were sufficient to meet people's needs and found that they were. We looked at the call bell response times which were generated from the system which showed that in a majority of cases staff had responded promptly. We looked at staffing rotas for a two week period which showed there were consistent numbers of staff in post.

We looked at medication and found that processes were safe. An electronic system was in place which staff used to log the administration of medication. This prevented staff from giving medication before the required time, and also flagged up any issues such as low stock or a failure to administer medication.

We checked that the correct number of controlled drugs were being kept and found that they were. The storage and administration of controlled drugs is governed by legal requirements to prevent abuse of these substances. These were stored appropriately, and two staff had signed when these had been administered.

In March 2018 checks had been carried out to ensure that staff were competent at giving people's

medication as required.

Is the service effective?

Our findings

We spoke with the area manager who stated that there were some areas of improvement required in relation to training. Training records showed that not all staff had recently completed training in areas such as safeguarding, moving and handling, infection control and first aid. The area manager clarified that there was a training plan in place to make improvements with regards to this.

There was an induction process in place for new members of staff. This included a period of shadowing experienced members of staff prior to commencing their role. The induction followed the Care Certificate standards. These are an identified set of standards that new health and social care workers should adhere to.

Records showed that staff had been receiving supervision on a routine basis. This gave staff the opportunity to discuss any training or development needs they may have. It also enabled management to raise any performance related issues with staff and set objectives for improvement.

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 the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. People's care records contained details about their ability to consent and also recorded whether relatives or significant others had been granted the legal power to make decisions on their behalf, in the event that people were unable to do so themselves.

People told us they enjoyed the food that was available. One person told us, "The food here is decent", whilst another person who had their nutritional supplement administered via a tube directly into their stomach told us, "I never get hungry", confirming that staff helped them manage their supplement appropriately.

Kitchen records contained details of those people requiring a special diet which meant that this information would be available in the event that regular staff were not on shift. We spoke with kitchen staff who had a good knowledge of people's dietary needs and their requirements. During meal times we saw that these were provided to people.

Adaptations had been made to the premises to ensure these were accessible for people with a physical disability. There was a passenger lift to enable access to the first floor, and corridors were wide and spacious which enabled manoeuvrability if using a wheel chair. During the inspection people were also able to access the gardens to spend time enjoying the nice weather.

Where required people had been supported to access health professionals such as their GP or district nurses. During the inspection we spoke with a visiting health professional who commented that staff supported people appropriately with managing their dietary needs, and that staff followed the advice and guidance they provided.

Is the service caring?

Our findings

People commented positively on staff. Their comments included, "It's great here," "The staff are brilliant," and "The staff are very good." One person's relative told us, "The staff here are so friendly," whilst another told us, "The staff here are amazing and compassionate. I can't fault them."

At the last inspection in November 2016 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found examples where people had not always been treated in a dignified manner. At this inspection we found that these issues had been resolved and people were being treated with dignity and respect.

We observed people to be smart and well dressed. One person to be wearing their jewellery, had their hair done nicely and had well-manicured nails which were painted pink. Another person was wearing a formal jacket which they told us they liked to wear each day. Another person smelled of perfume, telling us they liked to wear this daily. This showed that people were being well looked after.

Positive relationships had developed between people using the service and staff. Staff called people by their preferred names and spoke in a kind and friendly manner towards them. People's comments reflected that they felt well looked after by staff, and our observations showed that they felt comfortable and at ease in the presence of staff.

Staff enabled people to have choice and control within their day-to-day lives. For example, we overheard one member of staff asking a person if they wanted to get up or stay in their bed. This person explained that sometimes they had a preference for remaining in bed. In other examples, staff offered a selection of drinks and snacks, asking people their preferred choice. During meal times staff plated up the choices that were available and used these as visual prompts to help people choose for themselves.

We observed that those people who had a hearing or visual impairment were wearing their hearing aids or had their glasses on as required. Information about people's communication needs was clearly documented in their care records which meant staff knew the most appropriate ways of engaging with people. We spoke with one person who sometimes had difficulty with speaking. They told us staff were good at communicating with them and spent the time ensuring they understood what they had said.

People's relatives were made to feel welcome within the service. We overheard staff asking two visiting relatives if they would like any lunch whilst they were visiting. Another relative told us they were offered a drink when they came to visit. This enabled people to enjoy the company of their relatives and helped maintain relationships that were important to them.

People's confidentiality was protected. Electronic devices such as laptops, which contained personal information about people were password protected to prevent unauthorised access. Paper records were stored locked cabinets in secured offices to ensure information remained restricted.

Is the service responsive?

Our findings

People each had a personalised care record in place which outlined their needs. The registered provider had updated their record system so that this information was stored electronically. Staff had been given handheld devices which they could use to update information in these records after they had provided support to people.

In one example however, we found that a person who had recently moved into the service had very little information recorded about them in their care records. An audit carried out in November 2017 by the registered provider, stated that care records needed to contain basic information and risk assessments within 48 hours of people moving into the service. In this example, information was lacking in areas such as the level of support they required during personal care interventions, the support they required with managing their Diabetes and pressure areas.

Daily monitoring charts were being completed, however these did not always reflect the support the person required. For example, we identified that the amount of fluid being offered to people each day did not always meet the requirements specified by their diet and fluid care plans. We raised this with the manager and also fed this back to the local authority following our inspection.

In other examples we found information in people's care records to be clear, up-to-date and relevant to the provision of their care. These contained information about people's preferences and preferred routines. For example, one person's care record outlined that they preferred a shower twice a week, whilst another stated the person's preference for wearing perfume each day. We spoke to these people and found that their care was being provided to their liking.

End of life care plans were in place for people. Where people had chosen to discuss their preferences, these outlined people's preferred place of death and those significant others they would like with them. In examples where people had decided they would not like to be resuscitated, this was displayed prominently in their care records and had been authorised by the relevant medical professional.

There were activities in place for people to join in. During the inspection we observed people being supported to access the garden areas so they could enjoy the nice weather. We also observed a quiz taking place. Activities co-ordinators had supported with developing relationships in the community. For example, people had the option of going to a coffee morning at the local Methodist church one day a week. A local school had also come into the service where children had read excerpts from their favourite books to people using the service.

We spoke with two people who preferred to stay in their rooms. They told us staff gave them the option of joining in activities with people, but respected their preferences no to. We observed that they had access to the television, radio, books and newspapers to help keep them occupied.

There was a complaints process in place which was accessible to people and their relatives. A record of

complaints had been maintained by the manager. These showed that a timely response had been given to people who had made a complaint. We followed up on some of the issues raised within complaints and did not find any issues. For example, one complaint had been about the lack of diabetic meal options available. During the inspection we found these were available.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post; however, a new manager had started two days before the inspection commenced. Prior to the manager starting, the deputy manager had been supporting with the running of the service with input from the area manager. We spoke with staff who had a clear understanding of who to report to if they needed support. This showed that clear lines of accountability had remained in place in the absence of a manager.

Audits were in place to monitor the quality of the service being provided. Whilst these were robust in some areas, these had been unsuccessful in instilling quality in the day-to-day running of the service in other areas. This was evidenced by issues that had been identified during the inspection, such as water temperatures in one of the shower rooms exceeding safe limits, exposed pipework in one of the showers which posed a risk of scalds, and records stating the people had not been offered the required amount of fluids on some occasions. We also identified that staff training needed to be updated.

We reviewed a quality monitoring report that had been completed by the registered provider following a visit to the service in May 2018. This had identified that the ground floor sluice room door had been unlocked; however, as evidenced by observations during our inspection, action had not been taken to address this. This report identified another door that should have been locked, but had been left open. We identified similar issues during the inspection which showed that lessons had not been learnt throughout the whole of the staff team.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits that were looked at showed that these had identified issues and that action had been taken to address these areas. For example, accidents and incidents were monitored to ensure that appropriate action had been taken. Care plan audits also showed these had identified some areas for improvement, such as the development of a positive behavioural support plan for one person, which had been actioned.

Records showed that staff meetings had been taking place. This helped ensure information was disseminated throughout the staff team. For example, at the staff meeting in May 2018 a discussion took place around the new medication system. Issues that had been identified by the registered provider's audit had also been discussed.

Staff told us there was good morale within the service and that they felt supported. Staff retention within the service was good, which had a positive impact on the relationships that could be developed between people and staff. The registered provider had schemes in place to recognise good practice, such as a regional awards ceremony which offered an incentive to staff to carry out their work to a high standard.

Relatives meetings had taken place, however these showed these were not widely attended. During the inspection we observed the deputy manager making themselves available to people and their relatives if

they wished to talk. The manager also told us that they planned to organise meetings with people using the service and their relatives. This would give people the opportunity to

The registered provider is required by law to notify the CQC of specific events that occur within the service. We reviewed these incidents and found that this was being done.

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 12 HSCA RA Regulations 2014 Safe care and treatment The environment was not always safe. Records showed that people had not been offered enough fluids throughout the day. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring processes were not always robust enough to generate improvement within the service. |