

Four Seasons Homes No.4 Limited

# Redwell Hills Care Home

## Inspection report

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22 June 2022  
30 June 2022  
11 July 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Redwell Hills is a residential care home providing personal care to up to 50 people. The service provides support to older and younger adults, some of whom are living with a dementia. At the time of our inspection there were 35 people using the service.

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

People told us they felt safe living at the home. Staff were aware of the safeguarding protocols and knew what action to take to keep people safe. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely. Medicines were managed safely. The premises were clean and there were good infection control practices in place.

A small number of care records required minor improvements to ensure consistency. We have made a recommendation around this.

There were enough staff to meet people's needs, but the deployment of staff on the first floor at key times could be improved. This was reviewed and acted upon during the inspection.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff interacted well with people and they provided care which was person-centred. Staff had received training to ensure they had the knowledge they required to carry out their role effectively.

People told us staff were kind and caring. Relatives were positive about the care and support provided. Staff understood people's needs and respected people's dignity.

The registered manager and staff understood their roles and responsibilities. Quality monitoring systems were mostly effective in identifying improvements.

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

### Rating at last inspection

The last rating for this service was good (published 16 March 2020).

In May 2021 the provider applied to CQC to make a minor change to their registration. Four Seasons remains the corporate provider for this service.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part due to concerns we had received about inconsistencies in care records (particularly where people needed specific support to eat and drink), medicines administration and staff culture. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

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 COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Redwell Hills Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention 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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Redwell Hills is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redwell Hills is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 June 2022 and ended on 11 July 2022. An inspector visited the service on 23

and 30 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service. We spoke with 14 members of staff including the registered manager, the regional manager, the deputy manager, two senior care assistants, five care assistants, the maintenance officer, the administrator, one kitchen staff and one domestic staff. An Expert by Experience spoke with 11 relatives on the telephone on 30 June 2022.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to administer medicines safely. Their competence to administer medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- People received their medicines as prescribed. Staff were patient and respectful when they supported people to take their medicines.
- Some minor improvements were needed to the storage of medicines. This was addressed straight away.

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

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- People and relatives felt the service was safe and they were happy with the care provided. One person said, "It's good living here as I've got everything I need to make me feel safe." A relative commented, "I have no worries about [family member's] safety at all."
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

### Staffing and recruitment

- There were enough staff to meet people's needs promptly, but we asked the registered manager and provider representative to review the deployment of staff on the first floor at key times. They did this and made changes accordingly.
- Safe recruitment procedures were followed. Appropriate pre-employment checks were carried out which included a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed. Staff knew people well and were aware of people's risks and how to keep them safe. People's care plans included risk assessments about individual care needs.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- People were supported to see their family or friends in accordance with government guidance.

### Learning lessons when things go wrong

- The registered manager promoted a culture of learning. Accidents and incidents were monitored and analysed to aid learning and improve care. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative, where appropriate. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They completed regular training to keep their knowledge up to date. Relatives felt staff were well-trained and skilled at their jobs. One relative said, "Staff are definitely well trained. They know what they are doing and know how to look after [family member]."
- Staff felt supported in their roles. They received regular supervisions and a yearly appraisal.

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

- People's eating and drinking needs were met. Staff offered regular snacks and different meal options if people did not want what was on the menu. People told us they enjoyed the food. The mealtime experience was relaxed and pleasant.
  - Staff provided appropriate support with eating and drinking. Staff treated people with respect and talked with people during their meals.
  - Staff knew when people's food or drink needed preparing in a certain way to keep them safe.
- Food and fluid records had been completed consistently.

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

- Staff made referrals to health and social care professionals to ensure people received effective and timely care. Staff worked with professionals to ensure their advice was closely followed.
- Effective communication ensured staff had up to date knowledge of people's needs. Regular handovers between shifts ensured staff were aware of any changes to people's needs and the support they required.

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

- The environment had been adapted to promote people's independence. Corridors were wide and handrails were in place around the building, which helped people to move around safely.
- The provider had considered the needs of people living with dementia and had followed best practice guidance. Personalised items were used to help people identify their bedrooms and pictures identified

communal areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent and respected people's right to refuse support.
- People were given choices and encouraged to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with involvement from family, advocates and relevant professionals.
- DoLS applications had been submitted to the local authority in line with legal requirements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, caring and respectful. One person told us, "The staff are excellent in here. Whatever you need they'll get for you. Staff are kind and caring."
- A relative said, "The staff are kind and caring. When [family member] breaks down, they sit and talk to them and hold their hand which is very important." Another relative commented, "Staff get to know the residents as an individual. They know [family member] as a person and not a statistic in a home; not just the carers but the cleaners too."
- Staff understood people's individual needs and provided person-centred care. Interactions between people and staff were relaxed. People and staff were chatting, smiling and showing affection to each other.
- When people showed signs of anxiety, staff were patient, reassured them and engaged them in activities which reduced their distress.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- Staff considered people's views and wishes, ensuring their chosen daily routines were carried out.
- People and their relatives were included in developing people's care plans. Records clearly showed how people liked and needed to be cared for.
- Staff ensured people had support with decisions around their care by using an external advocate when needed. This supported people to ensure their rights were upheld.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- Staff respected and promoted people's independence without compromising their safety. Where people chose to do some aspects of their personal care this was supported by staff.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided person-centred care tailored to the needs and wishes of the individual. People were supported by staff who had a good understanding of their care and support needs.
- Care plans guided staff on how to meet people's needs. Some care plans were more detailed than others. The provider's quality assurance systems had already identified this, and a plan was underway to review and update all care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the AIS. Information was available in a variety of formats to meet people's communication needs.
- Care plans described how staff could support people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities they enjoyed, but some improvements were needed. Some people and relatives felt that activities could be improved, whilst others felt there were enough activities on offer.
- The registered manager acknowledged it had not always been possible to offer as wide a range of activities as they had hoped. The registered manager told us they had recently appointed a second activities co-ordinator and hoped this would further improve the activities available.

Improving care quality in response to complaints or concerns

- Concerns and complaints were investigated and responded to appropriately. Learning from complaints was shared with staff during team meetings.
- People and their families knew how to raise any concerns and felt able to do so. They were confident concerns would be acted upon.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans, where they had felt able to discuss this sensitive issue. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether emergency health care plans were in place.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led. Relatives spoke positively about how the service was managed. One relative told us, "I think the management is fine. There are no improvements to be made. [Family member] is happy and comfortable so I'm happy."
- There was a positive culture and ethos at the service which was driven by the registered manager and deputy manager. The registered manager led by example and actively promoted responsive care which improved people's quality of life.
- Staff ensured people received person-centred care which was responsive to their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.

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

- Quality assurance systems were mostly effective in identifying and generating improvements within the service. We found a small number of care records which required minor improvements to ensure consistency.

We recommend the provider takes steps to ensure consistency in care records is continually checked and maintained.

- The registered manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly, and lessons were learnt where appropriate.

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

- People and relatives were supported to provide feedback through surveys and regular meetings. Suggestions were followed up by the service, and changes were made in response to feedback.
- Staff meetings were held regularly. Staff told us they were well supported and had plenty of opportunities

to provide feedback about the service.

- Staff told us morale had improved in recent months due to stability within the management team and staff changes. Staff said they felt more supported and things were improving all the time.

Working in partnership with others

- The management team and staff had effective working relationships with other organisations and professionals to ensure people received the right support.