

# Shaftesbury Care GRP Limited

# Redworth

## Inspection report

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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?

Requires improvement 

## Overall summary

We carried out an unannounced comprehensive inspection of the service in March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this comprehensive inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report covers

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

The home provides care for up to 57 older people, On the day of our inspection there were 22 people using the service, 12 people required nursing care.

The home had a recently appointed acting manager who is not yet registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.

At the time of the inspection visit, our records show that no registered manager's application had been submitted to CQC.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and under the Care Act 2014 Regulation 7 (b).

We spoke with care staff who told us they felt supported and that the acting manager was always available and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed with the management team on duty. The atmosphere was calm and relaxed and we saw staff interacted with people in a friendly and respectful manner.

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans had been written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people or their representatives were involved in their care planning.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes.

We found robust systems in place for the safe management of medicines.

We found the premises were clean and hygienic with effective systems in place to control the spread of infections.

Those parts of the home that needed it had been refurbished to a high standard.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face and e-learning training to maintain their skills. They told us they had regular supervisions with a senior member of staff, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

The management team and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and caring when supporting people. Comments from people who used the service were very consistent stating they were happy with the care, treatment and support they received. Other professionals we spoke with were positive about the care and support people received.

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis, and others had visited a local railway museum on the previous day.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices.

We found the building met the needs of the people who used the service. We were told that work on the refurbishment of the home will continue throughout the remainder of the year.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We found an effective quality assurance system operated. The service had been regularly reviewed through a range of internal and external audits. Prompt action had been

# Summary of findings

taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

# 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 safe.

We found that action had been taken to improve safety.

People's rights and choices were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected.

Good



### Is the service effective?

The service was effective.

We found that action had been taken to improve the effectiveness of the service.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

People had the support and equipment they needed to enable them to be as independent as possible.

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Good



### Is the service caring?

The service was caring.

We found that action had been taken to improve the caring aspects of the service.

People were treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

People were aware of, and had access to advocacy services that could speak up on their behalf.

Good



# Summary of findings

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People were assured that information about them was treated in confidence.

## Is the service responsive?

The service was responsive.

We found that action had been taken to improve the responsiveness of the service.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities, that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends, relatives and the local community.

**Good**



## Is the service well-led?

The service was not well led.

We found that some action had been taken to improve the leadership of the service. However, the home did not have a registered manager in place, and no application had been submitted to CQC at the time of our inspection.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

**Requires improvement**



# Redworth

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

We undertook an un-announced comprehensive inspection of Redworth on 26 August and 1 September 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our March 2015 inspection had been made. The team inspected the service against all five questions we asked about services: is the service safe, effective, caring, responsive and well-led. This was because the service was not meeting legal requirements at our previous inspection in March 2015.

The inspection team included two adult social care inspectors, an expert-by-experience. An expert-by-experience is a person who has had personal experience of using or caring for someone who used this type of care service. A specialist nurse advisor was also present.

Before we visited the service we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. Since our last inspection, we found the provider had reported safeguarding incidents and notified CQC of these appropriately.

During our inspection we observed how the staff interacted with people who used the service. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff.

We also reviewed staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

We also reviewed five people's care records

We spoke with people who used the service, six care staff and two nurses. We also spoke with the deputy manager, regional manager, operations manager, two peripatetic managers and a company director.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Safeguarding, Clinical Commissioning Group (CCG), Infection Control and Commissioners of services. No recent concerns had been raised by these professionals.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service before an inspection. Therefore, we asked the provider during this inspection what improvements they had made to the service, what they did well and what plans they had in place to sustain continuous improvement to the service. We cross referenced these with the action plan that the provider had submitted to CQC.

# Is the service safe?

## Our findings

At our last inspection in March 2015 we were concerned about people's safety, the management of medicines in the service and the lack of infection control measures.

During this comprehensive inspection, we found people at Redworth were safe. Two family members we spoke with told us they thought their relatives were safe. They told us, "Yes, very safe", and "We have no worries knowing they are safe here." Eight people who used the service all said they felt safe. One person said, "I feel very safe indeed."

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks had been carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each person employed, including, driving licences, and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been explored. This indicated that the provider had a robust recruitment and selection procedure in place.

Staffing levels were reviewed routinely and in response to the changing needs of people using the service. We were told that the staffing numbers currently exceeded what was expected.

For example, in addition to the acting manager and deputy manager. For 22 people there were six carers and a nurse on duty across the day. The recently appointed acting manager was also supported by two perapetic managers.

Call bells were heard during the visit and we saw these were attended to promptly by staff. This indicated there were sufficient numbers of staff on duty in order to meet the needs of people using the service and this was confirmed by people who used the service and their relatives.

We observed plenty of staff on duty throughout the day, regularly going into people's bedrooms asking if they needed anything. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, "There's always enough staff on duty, we are never short."

The home is a two storey, purpose built property set in landscaped grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People we spoke with were very complimentary about the home. They told us, "It is such a nice place, my room has lovely views of the rear garden", "I can't fault it", "and It's such a nice place." A relative told us, "I went to have a look at a lot of places before my parent came here. This was certainly the best and I know that they are safe here."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw all radiators had guards, wardrobes were secured to walls in people's bedrooms and windows had restrictors fitted to help prevent accidents.

We saw hot water temperature checks had been carried out for all rooms and bathrooms the records demonstrated the readings were in line with the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We saw portable appliance testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy, which defined what abuse was and provided a guide for staff on how to record and report incidents of suspected abuse. We looked at the safeguarding file and saw records of safeguarding incidents, including, those that CQC had been notified of. We saw copies of investigation reports. We saw that all the incidents had been dealt with appropriately. When we spoke with staff they knew what action they needed to take if they suspected a person was at risk of abuse. We spoke with four staff on duty about safeguarding people. They were all aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse. Staff were able to tell us what would constitute an incident of abuse and said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate.

## Is the service safe?

We looked in the treatment/drugs room and saw that the controlled drugs cabinet was locked and securely fastened. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the latest medication audit, carried out in July 2015. We saw the medication records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked by the nurses at the handover of each shift.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw two people were receiving medicines covertly, and on review there was clear evidence of a multi-disciplinary rationale for this, involving an advanced practitioner from the GP practice, as well as a pharmacist. (a mental capacity act decision making process had also been undertaken)

On both floors there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicines. Homely remedies, and as and when required medication protocols. These were laminated and readily available within the MARS (Medication Administration Record Sheet) folder.

Each person receiving medicines had a laminated photograph identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet, and any medicine refused were placed in plastic bags for disposal. A Controlled Drug destruction kit was also available.

All medicines for return to the pharmacy, are disposed of in specialist storage bins, and recorded, these were collected by contractors on a regular basis who signed these on receipt.

Within the clinical room there is a notice board which held useful information 'at a glance' of clinical information of people who used the service, this included, 'diagnosis, and e.g. epilepsy and diabetes. As well as DNAR (Do Not Attempt Resuscitate orders) information and due dates for review and details of the various GP practices and advanced practitioners.

We felt this would be of value to any agency or new staff working in the home. As it was within the locked clinical room it would not be seen by any unauthorised persons.

We observed the administration of medicines on the nursing unit, and this was undertaken in a safe and competent way. Five MAR sheets on the nursing unit, and 2 MAR sheets on the residential unit were checked for accuracy, no errors or omissions were noted.

We also had the opportunity of discussing aspects of medicines with the unit manager on the residential unit, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general.

We were informed that proficiency in administration is undertaken once a year and was assessed by a nurse from another service in the organisation.

We saw robust and effective systems in place to reduce the risk and spread of infection. The home had an infection control champion. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free.

Staff we spoke with confirmed they had received infection control training and they were aware of the right steps to take in order to reduce the possibility of cross infection, which followed current legislation and good practice guidelines.

Records showed that infection control auditing was now an integral part of the overall monitoring of the service. Nursing staff, care staff and ancillary staff were observed to wash their hands at appropriate times. Gloves and aprons were also used by both care staff and ancillary staff when required.



# Is the service effective?

## Our findings

At our last inspection in March 2015 we were concerned about the lack staff training, their skills and knowledge, lack of awareness of deprivation of liberty safeguards and the design of the premises for people living with dementia.

During this comprehensive focussed inspection, people we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, "They really do know what they are doing. I don't have to tell them what I want because, they just know." Another said, "I have a good relationship with the staff. We get on very well." Evidence was available to demonstrate communication between relatives and the service was well established and outcomes of conversations were effective. We saw the management team had an open door policy and records were kept of relatives and residents meetings.

Since our last inspection, records and certificates of training showed that a wide range of learning modules had been provided for all staff. These included areas such as the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), diversity and inclusion, fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults, health and safety, skin Integrity, life support and syringe driver training. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with were positive and enthusiastic. During the last six months, it was evident that the company had considered training for staff to be an important aspect of their personal development programmes.

Since our last inspection, records showed that regular formal supervision was now provided for all staff and appraisals had been planned for later in the year. These meetings between staff and managers, encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs. Staff we spoke with confirmed annual appraisals were planned and regular supervisions were conducted. Two staff told us, they received good support from the new management team and they were very pleased about the significant improvements carried out.

Records showed that consent, where appropriate, had been obtained from those who lived at the home, in areas such as the taking of photographs, access to external professionals, medication administration and use of equipment. We saw that staff communicated their intentions with people before attempting any personal tasks or assisting with eating and drinking. One person commented, "The staff are very considerate, they know how I like things done and they respect my wishes."

A four weekly menu was in place, which provided a choice of nutritious meals. This was displayed in picture format on the menu board in the dementia care unit, so that those living with dementia had the same opportunities as others to select their chosen meals. It was evident that people could have an alternative, if they did not want the menu choices.

The home had introduced a system for analysing allergens within each recipe. This helped to prevent people suffering from allergic reactions.

We observed lunch being served on both units. Lunch time was a calm and efficient activity. Staff gave people choices and assisted when necessary. There were sufficient staff to assist people with their meals and this was done in a sensitive and discreet manner. All cutlery and crockery was clean and those people, who required protection for their clothing, were provided with aprons.

Staff encouraged people to eat and offered alternatives, whenever needed. We observed staff interacting with people in a very positive way. Staff appeared to know what people liked and disliked. During the morning drinks round, people were offered a selection of hot and cold drinks, cakes and a selection finger foods snacks. One person said, "The food is lovely very tasty and plenty of it." Another commented, "I look forward to mealtimes, the food is always good and nicely cooked." One person told us they were a vegetarian and that their nutritional needs were met. Another said, "If I am late getting up I have a late breakfast, I never miss a meal"

We saw detailed food record charts were kept for some people. The provider used a recognised assessment tool. They recorded heights, weights and people's likes and dislikes. They provided food fortification and specialist dietary meals for those that required one. Records showed

## Is the service effective?

that two people on the nursing unit, who had previously shown weight loss, had made significant improvement over the past 4 months and now had weights higher than when first admitted to the home.

Policies were in place in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed. Where Deprivation of Liberty Safeguard (DoLS) applications had been made, this was recorded.

We toured the premises, viewing all communal areas of the home and a selection of private accommodation. We saw evidence of major improvements to the environment since our last inspection visit. We found the environment to be safe and maintained to a good standard. Good quality furnishings were provided throughout and the atmosphere was warm and friendly, providing comfortable and homely surroundings for people to live in. For those people living with dementia, framed memory boxes were displayed outside some people's bedrooms and bedroom door frames were painted in various vivid colours and these matched the coloured cards that people kept with them. We were told that this system worked well and aided people to find their bedroom more easily. We saw various themed art work lined the corridors and these helped to orientate people living with dementia. There was good signage and contrasting colours used in bathrooms and toilets.

On the dementia care unit, there was a recently appointed sensory lounge. This room contained various sensory light displays, touchy feely objects, music and comfortable seating. Since established, we were told that it had been very beneficial to promote engagement, relaxation and interest for those living with dementia. The home had a nominated 'Dementia Champion' who had a lead role in developing the dementia friendly environment and raising staff awareness of the conditions associated with dementia.

The layout of the home was good, as there were no barriers to restrict movement. At the time of our inspection we saw people moving around freely, whilst others were being assisted by staff who talked respectfully with them. During our tour of the premises we noted specialised equipment was provided for people who lived at the home, in

accordance with their assessed needs. For example, specialised mattresses and pressure cushions were in place for those who were assessed as being prone to developing pressure ulcers. A variety of mobility aids were supplied for those needing some support with moving around the home. This helped to promote people's health, welfare and comfort. We found all aids and equipment were clean, and maintained properly. The gardens had been landscaped and the rear garden had been themed to reflect the railway history of the town.

Hoists were available when people needed to transfer from one setting to another. People had been appropriately assessed for the type of hoist and size of sling, which best suited the individual, so that their comfort and safety was maintained. We observed two members of staff operating a hoist whilst transferring one person from a wheelchair to their lounge chair. This manoeuvre was conducted in a safe and competent manner. In addition, there were photos in the care plans of the individuals hoist and sling.

A wide range of environmental risk assessments had been conducted, supported by detailed action plans, which included both the internal and external areas of the home. These identified specific hazards and control measures, which had been put in place to minimise the potential risk factor. Records were available of medical device alerts (alerts sent to care providers about safety issues with equipment) and action taken to identify if any of this equipment was in use at the home.

We spoke with a senior community nurse practitioner. She told us that she and her team had provided a lot of training to the staff at Redworth; she said the staff were very receptive and keen to learn new skills. For example, they had provided training on; topical medicines, diabetes, infection control and personal care such as; oral hygiene, privacy and dignity, continence care, risk assessment and end of life care. She said the management team and staff were always looking at ways of promoting best practice through training and development. She said, "Massive improvements had taken place during the last six months, so much so, "People here now received very effective care and support from a dedicated team of people." She said, "I would now recommend Redworth to anyone thinking about moving into a care home."

Records showed that a wide range of community professionals were involved in the care and treatment of the people who used the service, such as community

## Is the service effective?

mental health teams, dieticians, chiropodists and medical practitioners. Evidence was also available to show people

were supported to attend hospital appointments. This helped to ensure people's health care needs were being met. Several people told us medical advice was sought immediately if someone was unwell.

# Is the service caring?

## Our findings

At our last inspection in March 2015 we were concerned about people's well-being, their care and their welfare.

During this focussed comprehensive inspection, we asked people who used the service if they were happy with the care they received, they said, "Yes I am, I wouldn't be here if not, I am quite happy here they are all nice staff, I cannot fault them."

A relative said, "You couldn't ask for nicer carers, we can come anytime or we phone and speak with her."

Others said the carers were caring and kind. Comments included, "Yes they are all very nice", "Yes they are always caring" "Yes they definitely are very caring they treat me like a human."

Everyone we spoke with said they were treated with dignity and respect.

One relative told us "If her care needs ever changed they inform me straight away."

A senior community nurse practitioner told us that she and her team visited the service daily. She said, "The staff team at Redworth were extremely caring and compassionate. The standard of care, treatment and support had improved vastly during the last six months and it was now one of the best care homes on my patch."

Staff spoke fondly and had a lot of knowledge about people. For example, they knew and understood their life history, likes, preferences, needs, hopes and goals. They told us that they had helped people to complete 'My Life Book' and how this had provided them with a lot of valuable insight about people's lives and things that were and still important to people. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs.

All the people we spoke with said they were fully involved in making decisions about their support needs, and were encouraged by staff to remain as independent as possible. One person said, "When I first came here my mobility was poor but with support, I am now back on my feet using a walking aid and it's good to have my independence back."

People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I get up and go to bed when I want and I see my family whenever I like."

We observed the interactions and relationships between staff and people who used the service. They spoke with people kindly and with consideration and were very caring in their attitude. During our tour of the home, we saw staff knocked on bedroom doors before they entered. When they spoke with people they addressed them by their preferred name.

Professionals we spoke with during and before the inspection were all positive about the improvements the service had made. For example, at a meeting we had with a range of professionals in July, they provided CQC with assurances that the service was improving.

During our inspection, no one was receiving end of life care. However, we saw in some people's care records that people were given support when making decisions about their preferences for end of life care. A nurse practitioner told us when people were nearing the end of their life they received compassionate and supportive care. In two people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. We saw that the provider was following the NHS deciding right document 'Your life, Your Choice' guidance. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected.

# Is the service responsive?

## Our findings

At our last inspection in March 2015 we were concerned about people's care records, social activities and social isolation.

During this comprehensive inspection, we looked at five people's care records; we reviewed three in detail on the nursing unit and two on the residential unit. When we spoke with people who used the service and three family members, they confirmed that they were always consulted about their care, treatment and support. Relatives told us, they were always kept informed of any changes and one person who used the service said, "Yes, I am always involved in decisions about my care, I wouldn't have it any other way."

Records were kept in A4 lever arch files in a locked filing cabinet at the nursing station. Supplementary files were also used, these contained the following information; a copy of the key risk assessments and summary of care plans, to enable staff to be aware immediately of people's care, treatment and support needs without having to trawl through the main care file. The folders also contained a range of 'daily' documents such as food and fluid intake records, re-positioning records (where required) Body map for application of creams, prescribed supplementary foods/drinks records and behaviour observation charts. Each record contained a photograph for identification purposes.

We saw allergies were clearly noted in people's care records.

Personal and immediate information was easy to locate in the records including details of admission, reasons for admission and any underlying health issues. A 'This is me' history was included and fully completed in the records we reviewed.

We saw DNAR forms were located at the front of people's care files; the records evidenced that discussions had taken place with people and their families. Dates for review were also recorded.

PEEP (Emergency Evacuation) plans were in place and were up to date.

Each file contained a social and leisure assessment, which included people's likes and dislikes, a brief social history, and their interests.

We saw people, were fully supported with activities in the local community visiting local shops and places of interest such as the local railway museum. The home employs two social activity coordinators. Staff told us people were all well-known and respected within the local community and that people in the town actively got involved in raising funds for the service when they held weekend coffee mornings. We saw there were lots of in-house activities such as; baking sessions, arts and crafts, music therapy, reminiscence and staff had staged two pantomimes this year and a summer garden party. Staff told us there was also effective animal therapy programme in place for example, chick hatching therapy, pat a dog, miniature pony visit and exotic animal's visits. All of these things meant the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected. When we spoke with people, they told us there was always something going on. A relative told us "A 'zoo' comes in and police dogs also came. I am involved with the school next door and every three weeks we have organised for 10 children to come and visit and interact with the residents." Others said "I go in the garden." "My relatives take me out for the day, we went to Hexham." "We have singers come in and a Pantomime." There is a church service. "We go to our Church every Thursday and Sunday, they come for us."

We saw the large garden at the rear of the home had been themed into sections; there was a seaside area, a farmyard area, a railway area with a train station and a bus transport section. There was lots of seating and the garden was well used by people during the fine weather.

Consent to care and treatment was evident in people's care plans and risk assessments records had been reviewed and were up to date. For example. moving and handling, continence assessment, falls assessment, nutritional assessment and outdoor activity assessment.

All assessments were noted to be up to date and relevant. There was also evidence of people's representatives, being involved in care discussions.

## Is the service responsive?

Mental Capacity, decision specific assessments were undertaken, and these were clearly recorded for example, in relation to administration of medication, and protective issues involving the use of bed rails.

In two of the care records there was a 'challenging and unpredictable behaviour de-escalation protocol', whilst the document in itself was generalist in nature, 'remain calm and allow space' 'do not raise your voice'. We found elements were personalised with positive approaches in how to manage the person during such times when they might display behaviours that challenged, including, any known triggers. We saw a member of staff managing one person's behaviour in a positive way by using effective distraction techniques that involved a topic of conversation about a subject that was important to the person, we saw this had a calming effect and the person soon became settled.

Care records included a section for visiting professionals to communicate and record any changes to care. These included regular contact with Advanced Practitioners, GPs, Physiotherapists and SALT (Speech and Language Therapy)

The food and fluid charts were reviewed for three people and were found to have been fully completed during the

previous 21 days. To ensure these records were kept up to date a nurse in charge countersigned these records twice during a shift, which helped to prevent any errors or omissions.

People were given support by the provider to make a comment or complaint where they needed assistance. We saw there was a complaints procedure. We also saw there was information about how to complain displayed in the entrance foyer of the home and in the service user guide. People living in the home said they had no complaints and were satisfied with the service provided.

They also said they would have no hesitation in talking to the staff if they had any concerns. One person said, "If I was not happy I would just say. "Another person said, "If I was not comfortable with something I would feel able to complain." Visitors we spoke with said they would talk to the management or any of the staff if they had any concerns.

The operations manager told us she welcomed complaints as an opportunity to look in depth at the way services were provided and to improve the quality where this was needed. We saw no complaints had been received since our last inspection in March 2015.



# Is the service well-led?

## Our findings

At the time of our inspection visit, the home did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. There was an acting manager who had been in post for 10 weeks. Since our last inspection in March 2015 the home has been managed by two peripatetic managers, with support from the regional manager. We were told by the operations manager that they will remain in post until the acting manager's application has been submitted and approved by CQC. At the time of the inspection visit, our records showed that no registered manager's application had been submitted to CQC.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and under the Care Act 2014 Regulation 7 (b)

We saw that the temporary management team worked alongside staff, and provided guidance and support. People, who used the service, and comments from their relatives, told us, "It's a well-managed home." Staff we spoke with told us the acting manager was approachable and they felt very supported in their role. One member of staff told us, "We work as a team, it's essential." Another said, "It's now a pleasure coming to work and we all appreciate the improvements made during the last six months. Leadership is good and we all get lots of support."

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a care plan and every month, a daily medicine check, infection control check every week, a health and safety audit every month and a quarterly safeguarding audit. The most recent monthly audit carried out in August 2015 scored 92% and included action plans for any identified shortfalls, which we noted were relatively minor.

We saw the provider had arranged for regular safety audits to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been

carried out. All these measures meant the provider was carrying out ongoing checks to ensure the care provided and the environment people lived in was maintained to a good standard.

We saw the provider had surveys completed by people's families and also professionals that visited the home such as, GPs, occupational therapists and nurses. Feedback was consistently good. Some of the comments from families included, "I am happy with my relatives care." Another said, "The care provided at Redworth is really good, and we are always made to feel welcome."

The service had developed a strong, visible person centred culture at helping people to express their views so they understood things from their points of view. Staff and management were fully committed to this approach. For example, the operations manager said the underlying ethos of good care practice in the home was based on human rights perspectives and on the use of un-restrictive practices. She said, "We always support every individual in person centred ways. Staff have had training to promote and reduce reliance on restrictive practices within a human rights framework, and to support this practice, we work in collaboration with health care professionals and independent advocacy agencies where needed." This meant the provider adhered to the Human Rights Act principles and Equality Act to avoid any discrimination in order to meet the standards of care set out in these regulations.

We saw temporary leadership was transparent for example, we saw how people and those that mattered to them were proactively supported to express their views in meetings and reviews and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met, such as, department of Health, local authorities, including SALT (Speech and Language Therapy), tissue viability staff, occupational and physiotherapists, and nurse practitioners. This meant the staff in the home were working with other services to meet people's needs.

## Is the service well-led?

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

The home had been subject to critical review by various organisations including CQC in the recent past and this has undoubtedly had an effect on the service, however on the day of the inspection we were impressed with the very positive progress that had been made. All the staff we spoke with on the day said that they were aware of the changes going on and had enjoyed being part of it.

They also recognised that there was more work to do, and we were able to see some of this particularly in the efforts to make the home 'Dementia Friendly' and the garden makeover was particularly impressive.

A strong stable management team is essential for the continued improvement of the service, and in discussion with operations manager, a company director, regional manager, and temporary managers during feedback, it was evident that there was a willingness to progress and sustain continuous improvement.

There are clearly some very capable and committed staff who need to be retained, and efforts need to be made to fill the existing nursing vacancies as soon as possible.

There is clear evidence of visits and contact with Social Workers, Dietetics, Community Psychiatric Nurses, Physiotherapy, and GPs, in care records.

The home has an opportunity to extend its community links by considering the use of the large presently unused day care centre adjacent.

We discussed the process of increasing the number of people living on the nursing unit. It was agreed that this should be done carefully, to ensure dependency does not increase rapidly. It was agreed that this would not happen and that any new admissions would be planned carefully and not rushed.

Based on our observation of records, and staff performance on the day, the care being delivered is of a high standard, in a pleasant environment. The current staff team (Management, Nurses, and Care Assistants) appear well motivated and keen to maintain standards.