

Four Seasons Homes No. 1 Limited

Redwell Hills Care Home

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?

Good ●

Summary of findings

Overall summary

About the service

Redwell Hills is a residential care home which provides older people with nursing and personal care. The home can accommodate up to 50 people. On the day of our inspection visit, 35 people were using the service.

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

People and their relatives told us the care was safe and they were happy at the service. Staff were recruited safely and there were enough staff to meet people's needs. People were protected from abuse by staff who understood how to identify and report concerns. Risk assessments were in place to ensure staff knew how to keep people safe. Medicines were well managed and administered to people in a timely way.

Senior staff carried out detailed assessments of need to ensure the home could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained and they were well supported and supervised by the management team. The service worked well with community healthcare partners such as the district nursing service to ensure people received healthcare support where needed.

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.

Interactions between people and the staff team were positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

People received personalised care that was responsive to their needs and preferences. People were supported to engage in activities to reduce their risk of social isolation. People were supported to express their spirituality, with whatever religion they chose to follow. People and their relatives knew how to make a complaint, and those people we spoke with said they had opportunity, through regular meetings, to raise any issues they had.

There was a clear management structure and staff were supported by the registered manager. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed. Quality assurance systems were completed. Team meetings were held regularly to pass on key information and involve staff in the running of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redwell Hills on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.w

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of supporting someone w

Service and service type

Redwell Hills 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 had a manager registered with the Care Quality Commission. 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. The registered manager was on sick leave on the day of our visit but a manager from the provider's neighbouring home arrived to ensure we had access to all records.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including; the regional manager, a covering manager, the deputy manager, a team leader, two care workers, the activity co-ordinator and the chef. We also spoke with a visiting district nurse.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. People we spoke with said, "I have felt safe here. The staff, you just have to ask them for things and you get it", and "I feel very safe, it's a pleasant atmosphere."
- Relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They told us they received robust training and records confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk of harm.
- The lift was out of action as it was being refurbished. The deputy manager told us that only people with capacity and low falls risk were using the stair lift as they had assessed this risk thoroughly. The service was working around supporting people with additional staff and support who could not access the ground floor.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- The service was actively recruiting for nursing staff and were currently using some agency nurses. We saw they were given a good induction and were well supported.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Medicines administration records showed people received their medicines in a timely way. One person told us, "I always get my medication on time."
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them.
- The home was clean and there were no unpleasant smells.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- We saw from a recent medicines incident that action was taken to retrain staff and was being regularly monitored.
- We saw the service proactively booked agency nursing staff early to ensure the home would have enough staff. This showed forward planning whilst recruitment took place.

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 the last inspection this key question was rated as good. At this inspection this key question 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

- People's needs were assessed prior to their admission by senior care staff. Their needs and choices were documented and reviewed with them regularly and when their needs changed.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training. One staff member told us, "There is really good support I can ask anybody anything."
- Staff confirmed they were supported using training and supervision. One staff told us the training was 'good and helpful.' Supervision records were very detailed and addressed issues of attitude and performance clearly.
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. Comments from people were, "You get a choice of food. They come round the day beforehand and ask you what you would like", and "The service is good, the meals are good. We get plenty to eat."
- We met the chef who explained how they were notified about people's dietary needs. We saw from assessment tools that most people at the service had gained weight in the last year.
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets.

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

- We spoke with a visiting district nurse who told us the service worked well with them and staff followed their guidance well.
- Relatives were positive in their views that people received prompt healthcare support. one told us, "I do feel that her medical needs are being met by the staff. She only has to say she has a headache and that is seen to."
- Care records detailed when people had support from healthcare professionals and guidance was written into care plans.

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 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 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 on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service obtained copies of lasting power of attorney (LPA) when people moved to the service. Where relatives or others were already designated as attorneys, the service ensured they saw the legal document that recorded this. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- We observed staff supporting people with day to day decisions and respected their choices.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives were complimentary about the attitude of the staff. One told us, "I think it's very caring, they treat residents as their own family and I think it is a very good level of care."
- Our observations supported the positive feedback we received. Staff interacted with people in a kind and caring way and were patient and considerate. It was clear that staff knew people well and had formed trusting relationships with them. Staff used appropriate humour and physical contact, such as the gentle touch of a hand, or a friendly embrace to provide comfort and reassurance.
- People looked well cared for and staff offered appropriate support to make sure people were well presented. One person told us, "The staff are lovely, they are nice. I am satisfied with everything, you just need to ask them and they will help you. They will give you a bit of spare time, they don't mind."
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People could take part in a regular Christian religious service if they wished. There was currently no one living at the home with a non-Christian faith.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care and support.
- Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves where they were able, such as mobilising with their walking frames.

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

- Staff listened to people and waited patiently for their responses to questions. Where people were able, they made choices about their daily lives. Information about people's care preferences was recorded in their care records. One person told us, "I was upstairs when I first came but I requested a downstairs room when one became available, so I have changed rooms."
- Staff treated people as individuals and respected their choices. For example, some people preferred to remain in their own bedrooms and did not come into the communal areas. Staff respected their choices and did what they could to make them comfortable in their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. People's care plans contained detailed information about how staff should best support them for example, with their personal care, eating and drinking, mobility, communication and medicines.
- The service operated a 'key worker' system. This meant staff had responsibility for particular people. It helped promote a person-centred approach and aided communication between staff, people who used the service and relatives.

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

- We met the activity coordinator who presented a range of activities and social events at the home. One person told us, "I have my own room and I can listen to my brass band music, which I love, and I can have solitude if I want it because I like to read. There's loads of activities here, there's musical quizzes and dominoes. The activity co-ordinator wear a red blouse and they round everybody up who has an interest."
- People's relationships with family members and friends were supported by the service. We met with one person who visited their spouse daily for several hours and enjoyed their lunchtime meal at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the AIS. People's care records included information about their communication needs. For example, staff used a white board to communicate with a person who was hard of hearing.
- Information about the AIS and how the service could provide people with information in different formats, such as braille and large print, was displayed in the reception area.

Improving care quality in response to complaints or concerns

- The service had a clear system for recording, investigating and responding to any complaints or concerns. There was an annual thematic review of complaints to see if there were any reoccurring issues.

- People told us if they had any concerns they would not hesitate to discuss them with the registered manager and were confident they would be acted on. We spoke with one relative who raised some concerns that they had raised something that hadn't been addressed and the regional manager went to speak with them. We were later told they were happy with the outcome.
- We reviewed a recent complaint and found the appropriate action had been taken. This included a discussion with staff about how improvements could be made and a written apology to the complainant.

End of life care and support

- People could remain in the home supported by familiar staff and the community nursing service when approaching the end of their lives. We saw nurses within the home had completed training on end of life care and followed recommended practices.
- End of life plans of care were in place which showed how people wanted to be supported.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- One relative said, "I see the managers regularly. I can easily go and talk to them and they are very understanding as well."
- The service involved people and their families in day to day discussions about their care and support.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. Staff told us, "We are a good team here and we are listened to and supported."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.
- Care records were person-centred and provided staff with clear guidance about how people wished to be supported. Care plans were reviewed when people's needs changed.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community.
- The service worked in partnership with health and social care professionals who were involved in people's care. One visiting professional told us, "There is always knowledgeable staff around who know people well."