Helen McArdle Care Limited

Redesdale Court

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Redesdale Court is a residential care home based in North Shields which provides nursing and personal care to up to 53 older people. People are accommodated over two floors; there is a residential unit, a unit for people living with dementia and an NHS consultant led facility on the upper floor where people are accommodated on a short term basis for respite and rehabilitation care, usually following a hospital stay. The last inspection of this service took place in June 2014 where the provider was found to be meeting all of the regulations that we inspected at that time.

This inspection took place on the 5 and 6 May 2016 and was unannounced. The inspection team consisted of one inspector.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the carrying on of the regulated activity since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The culture within the home was very positive and the atmosphere warm and welcoming to all who entered. People and their relatives described the service as "fantastic", "fabulous", "brilliant" and "second to none". Staff told us that morale was very good amongst the staff team, they felt valued, completely supported by the manager who was very proactive, and they enjoyed coming to work. The vision and values of the service were person centred and the manager had a clear idea of how she wanted the service to develop. Community links were evident and the manager said she wanted everybody to be part of the home. She had arranged for external organisations to deliver dementia awareness sessions to people and their relatives and she had put herself forward to be an iCare Ambassador as part of a project run by the Skills for Care workforce strategic body, designed to promote working in the care sector in schools, colleges and jobcentres.

The provider had reward schemes and recognition awards in place to recognise staff contributions to the organisation and in addition, they offered members of staff by nomination, the opportunity of long weekend breaks in a chalet they had built in a forest retreat. This service was also offered to families of disabled children in the local community. The manager had won an internal provider award this year for innovation within the service.

There was a determination to succeed and a drive for improvement throughout the service led by the manager. Action plans were used to monitor that tasks were completed following auditing and matrices were used to track when specific documentation and training had to be renewed. The provider had also invested in a new electronic portal where the manager inputted information that could then be monitored and reviewed at a senior management level. The manager and operations manager told us that eventually

some paper audits would transfer to being completed electronically on the portal. The quality assurance and governance of the service was very thorough and successful in identifying any matters that needed to be addressed.

Staff and people enjoyed excellent relationships and people were at the heart of the service. We observed staff positively encouraged and praised people when they contributed to their care and carried out tasks independently. People were treated with dignity and respect at all times and a dignity champion was in place within the home to promote dignity matters. People were actively encouraged to be involved in the service and the manager and provider had introduced innovative initiatives which empowered people to voice their opinions. These included a committee run by relatives and residents and relatives being part of the interviewing panel during interviews of potential new staff where they were also involved in designing interview questions. The caring culture of the service was demonstrated by the manager introducing memory files for people and their relatives to treasure and the implementation of the "3 wishes" project where each person selected three wishes they would like to fulfil and the service aimed to make these wishes a reality. The manager ensured that the "3 wishes" project was implemented by asking the activities coordinator to report back to her about this on a weekly basis.

People and their relatives were extremely complimentary about the service and the staff who supported them. People told us they felt safe and "at home" living at the service. Staff were aware of their responsibilities to report incidents of a safeguarding nature and they had received training in safeguarding vulnerable adults. Risks that people had been exposed to in their daily lives and within the environment of the home had been assessed and mitigated against. Accidents and incidents were monitored, analysed and measures were put in place to prevent repeat events.

Recruitment procedures were robust and medicines were managed safely and appropriately in line with best practice guidance. Staffing levels were sufficient on the days that we visited the home to meet people's needs. People told us that if they called for assistance staff attended promptly to meet their needs. Staff were trained in key areas relevant to their role and also in areas such as tissue viability, relevant to the needs of the people that they supported. There was a thorough induction package in place and supervisions and appraisals took place regularly to provide support to the staff team.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and applications to deprive people of their liberty lawfully had been made to prevent them from coming to any harm where they lacked capacity. The service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis when necessary. Decisions that needed to be made in people's best interests had been undertaken and records about such decision making were maintained.

People were supported to eat and drink in sufficient amounts to remain healthy. There were monitoring tools in place which ensured that where there were changes in people's health and wellbeing this was identified and actions were taken to prevent any deterioration in people's conditions. For example, food and fluid charts and positional change charts were used where people were at risk of malnutrition and pressure damage. Care was person centred and care plans were regularly updated and reviewed as people's needs changed.

There was a wide range of activities available for people to partake in should they so wish and this included any trips out within the local community and further afield. People told us they had choices in abundance and we observed this during our visit. Complaints were handled appropriately and there were very few formal complaints as the manager was proactive in dealing with concerns and complaints before they

escalated.

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.

People told us the service was safe and they felt very comfortable with the staff who supported them. Staffing levels were appropriate for people's needs on the days that we inspected.

Safeguarding matters within the home were dealt with promptly and appropriately and staff were aware of their responsibilities to report matters of a safeguarding nature.

Medicines were managed safely. Recruitment procedures were robust and ensured that staff employed were of suitable character.

Environmental risks within the home had been considered and assessed. In most cases, risks that people were exposed to in line with their care needs had also been considered and mitigated against.

Is the service effective?

Good

The service was effective.

People were positive about the service and the care they received.

The environment was well maintained and supported the needs of people who used the service.

People's nutritional needs were met and they were supported to eat and drink in sufficient quantities to remain healthy.

Staff were well trained and supported and the Mental Capacity Act (MCA) was appropriately applied.

Is the service caring?

Outstanding

The service was very caring.

People and their relatives gave very positive feedback about the service.

Staff were highly motivated and were driven to provide people with the best care possible.

People valued their relationships with staff, as did their relatives. The manager actively promoted a caring culture within the home.

The manager had introduced new initiatives which were inclusive and demonstrated that people were at the centre of the service. People's involvement in the running of the service was actively welcomed.

Is the service responsive?

Good

The service was responsive.

Care was person centred and appropriate to people's needs. People were empowered and supported to make choices in their day to day lives.

There was a range of activities on offer for people to partake in if they so wished.

People's care records were individualised, they were regularly reviewed and updated as people's needs changed.

Complaints were handled appropriately and feedback was obtained from people, relatives, staff and professionals linked to the service on a regular basis through meetings within the home and annual surveys.

Is the service well-led?

Outstanding

The service was extremely well-led.

People were at the heart of the service, they were involved in the running of the service and so were their relatives.

New innovative initiatives had been introduced into the service by both the provider organisation and the manager, which resulted in people being empowered to live their lives to the full.

There was an extensive quality assurance system in place that drove improvements within the service. There was a positive culture within the home and the staff team had a desire to provide people with the best possible high quality care.

The provider valued staff and rewarded them for their hard work through recognition schemes and employee benefits. Staff told

us the service was honest and the manager was approachable and had an open door policy.

Redesdale Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 May 2016 and was unannounced. The inspection team consisted of one inspector.

A provider information return (PIR) was not requested before this inspection. A PIR asks the provider for information about the service and any improvements that they plan to make. Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. In addition, we contacted North Tyneside safeguarding adult's team, local authority contracts team and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we spoke with nine people, three people's relatives, seven members of the care staff team, kitchen staff, housekeeping staff, the deputy manager, the registered manager, operations manager and the nominated individual, who is the provider's representative. We also spoke with three healthcare professionals who were visiting the home on the days that we inspected. We reviewed a range of records related to people's care and the management of the service. These included looking at eight people's care records, four staff files, and other records related to quality assurance and the operation of the service such as audits and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe living at Redesdale Court. They described staff as "very nice" and "friendly" and said that staff had never made them feel unsafe during care delivery. One person told us, "Oh I definitely feel safe" and another person said, "I have never felt unsafe with staff at all". One person's relative said, "I have never seen anything worrying about people's safety when I have been in here". Healthcare professionals we spoke with described the service as a home that they had no concerns about at all.

We observed staff delivered care that was both appropriate and safe. For example, staff supported people to move around the home safely either with walking aids or without, depending on their dependencies and abilities. Staff also ensured that people's medicines were administered in line with best practice guidelines.

The provider had safeguarding and whistleblowing policies and procedures in place to protect vulnerable adults. Staff displayed an in-depth knowledge of safeguarding procedures and the different types of abuse and harm that people could potentially be exposed to. They were aware of their own personal responsibility to report matters of a safeguarding nature. All of the staff we spoke with told us they would not hesitate to escalate their concerns, should they not be dealt with appropriately by the manager of the home, or the provider. The local authority safeguarding team confirmed that matters of a safeguarding nature were reported to them by the management team at the home and records held within the home and our own databases confirmed this.

Staffing levels within the home were appropriate to peoples' needs on the days that we visited and we did not observe people waiting for assistance. Staff told us they felt staffing numbers on each unit were appropriate, although at some times throughout the day they were very busy, for example, in the mornings when people were rising from bed. During our inspection, when people asked for assistance or used their call bells to summon staff, their calls were answered promptly by staff who were pleased to assist. People told us they believed there to be enough staff on duty at the home.

Evidence in staff files demonstrated that the provider's recruitment and vetting procedures of new staff were appropriate and protected the safety of people who lived at the home. Application forms were completed including previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. DBS checks help providers make safer recruitment decisions as they check people against a list of individuals barred from working with vulnerable adults and children. For qualified nursing staff, recruitment checks had been carried out before they started in post and then at yearly intervals to ensure they were appropriately registered with the Nursing and Midwifery Council, and that they remained validated to work in the United Kingdom as a nurse. Records showed staff had also completed a health questionnaire prior to starting work. This meant the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and assessed as being physically and mentally able to do their jobs.

The management of medicines was safe. People told us they received the medicines they needed, safely,

and on time. Medicines administration records (MARs) were well maintained and reflected that the recording of the administration of medicines was in line with best practice guidance. Personalised plans were in place for the administration of 'as required' medicines detailing when these should be given to those individuals who required them, for example, when they displayed identified signs of being in pain. All of the medicines we checked were within their expiry date and stored in line with manufacturers guidelines. Systems were in place to account for and dispose safely of medicines that were no longer required. Controlled drugs, which have the potential for abusive use or dependency, were stored appropriately and a detailed and appropriate register of stocks was maintained. We carried out a random check of these medicines and found that remaining stocks balanced with the register.

Accidents and incidents that occurred within the home were appropriately managed to ensure that people remained safe. Preventative measures that could be introduced were, and medical attention was sought where needed. For example, one record showed that a person had fallen and observations were put in place every 15 minutes over the next 24 hour period to ensure that they remained safe and establish if it was a one-off event. The district nurse was also called to inspect and dress the person's skin wound. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed. This looked at where the fall happened, how, during which part of the day, the people involved and the manager's recommendations in order to prevent repeat events. People had been referred to external healthcare professionals such as GP's for input into their care as a result of some accidents and incidents that had occurred.

In most cases, risks which people were exposed to in their daily lives had been assessed and written instructions were in place for staff to follow in people's care records about how to manage and reduce these risks. In two cases where people accessed the community either alone or with friends, we found risks associated with these activities had not been appropriately considered and documented, although they had been identified by an internal audit and were due for implementation. We shared our findings with the manager, operations manager and deputy manager who drafted related care plans and risk assessments within an hour.

Environmental risks around the building had been assessed and these were reviewed on a regular basis. Regular fire and health and safety checks were carried out and documented. Equipment was serviced and maintained regularly in line with recommendations and the provider's own set policies. Checks were carried out on, for example, electrical equipment, the electrical installation within the building and utility supplies, to ensure they remained safe. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as testing water temperatures regularly and decontaminating showerheads. This showed the provider sought to ensure the health and safety of people, staff and visitors.

An emergency planning file was in place and easily accessible. This included information about the assistance each person would require should they need to be evacuated from the home in haste. A provider business continuity plan had been drafted which detailed the procedures staff should follow in the event of, for example, a reduction or loss of staff or a utility supply failure.

Good

Is the service effective?

Our findings

Feedback about the effectiveness of the service was positive. People and their relatives told us that they believed staff met their needs fully and one person commented, "Nothing is a bother to them at all. If you want something done they do it straight away". Another person told us, "Oh, it is very good here. They help you with everything you need". A relative said, "Everything has been fine - they (staff) have all certainly been pleasant with us". Other comments made were, "The staff are good; they can't do enough for you" and "I find the staff are very, very good here".

We observed care being delivered throughout the home and were satisfied that people received a good service and their needs were met. This was done in a timely manner. Staff were clear about people's needs and how to support them appropriately. For example, when we asked staff about particular people's needs and behaviours they were able to explain these in detail to us and they clarified how they would support these people to manage their needs. The information they gave us tallied with information held in these people's care records and our own observations.

Throughout the home the environment was clean, tidy, spacious and very well maintained. There were adequate facilities such as communal areas and bathrooms and toilets for people to access. In the "Grace Unit" where people living with dementia were supported, we saw that consideration had been given to the environment so that people were appropriately supported in line with their mental health needs. Pictorial and written signage was in place to orientate people, for example, to the dining room or toilets. There were props to stimulate and occupy people, which we saw they engaged with, and they had access to outdoor space in the form of an enclosed garden area.

People's nutritional needs were met and managed well. Where necessary, food and fluid charts were used to monitor that people ate and drank in sufficient amounts to remain healthy. People were weighed monthly or more regularly if required, to ensure that any significant fluctuations in their weight were identified and could be investigated. Any weight losses and gains were clearly recorded and reported to the manager, who then took appropriate action to mitigate the risk of any weight changes. For example, we saw that where people had lost weight steadily over a month period, the manager had instructed that a fortified diet be introduced and/or referrals made to external healthcare professionals (such as GP's and dieticians) for advice and input into people's care. People reported that the food was tasty and plentiful. One person commented, "The food is very nice" and another person told us, "The meals are fantastic".

The provider had a varied, rotating three week menu in operation across all locations at which they provided care and it showed people had many healthy food options available to them. People's dietary requirements were detailed within their care records, for example if they were diabetic or had swallowing difficulties. This information was shared with kitchen staff and regularly updated. The provider used a new gelling agent in pureed food served across the organisation, which allowed it to be presented and moulded in a way which resembled the food type's original form. In addition, the Head of Catering for the provider's organisation had sourced a product which added air to liquids which were then used to salivate people's mouths and stimulate their taste buds, when in receipt of end of life care. At the time of our inspection no

people who lived at the home received a pureed food diet or end of life care, although the above products would be available to people, if and when they were required.

People's general healthcare needs were met and we found evidence that people were supported to access routine medical support, or more specialist support such as that from a speech and language therapist, should this be necessary. Three visiting healthcare professionals shared their views of the care they saw delivered at the home. They told us, "My relationship with the home is very good. It works very well"; "There has not been a situation that I can think of where care has not been delivered in the right way"; and "I have no concerns here. They (staff and management) refer people to us regularly and appropriately".

Records showed that staff received regular training via e-learning and face to face courses, which were relevant to their roles. Records showed the manager and administrator monitored training requirements via a matrix grid and arrangements were made for training to be refreshed as and when required. This ensured that staff were supported to deliver effective care as their skills were kept up to date. The provider established a training academy in January 2015 and we received positive feedback from staff about this facility and the training they had received. Staff had completed training in a number of key areas as well as some specialised training relevant to their roles, such as tissue viability and end of life care. An induction programme was in place and completed by new members of staff at the point they commenced employment with the service. They told us this induction had prepared them for their role. One staff member said, "I had an induction then I spent a week up at the training academy. Any other training you want to do it gets asked in meetings. If you want to something to be trained in you just say".

Staff confirmed that supervisions took place regularly and appraisals annually. All of the staff we spoke with said they found these one to one sessions with their manager useful and supportive. Supervisions and appraisals are important as they are a two-way feedback tool through which the manager and individual staff can discuss work related issues, training needs and personal matters if necessary.

Staff, people and their relatives told us that communication within the service was very good. All parties said they felt fully informed and there were communication tools in place for example to share messages amongst the staff team. The manager had a very good rapport with relatives and they told us they were always contacted and kept up to date with any developments or changes in their relations care. One relative commented, "They are very good. Communication is good. We are kept informed and we are told what is happening".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Information in people's care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the MCA. Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority safeguarding team in accordance with good practice. There was evidence the principals of the 'best interests' decision-making process had been followed in practice and records were retained about these decisions. 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms

were in place where people had consented to these, and where they were unable to consent, a communal decision instigated by a clinician had been made.

Across people's daily lives they were asked for consent to care and treatment. For example, we heard staff asking people if they wanted to move through to the dining room for lunch, if they wanted to walk with support or use equipment and if they were ready for their medicines. This showed that staff understood people's right to consent to care and they respected this right.

Outstanding ☆

Is the service caring?

Our findings

The service had a positive, vibrant and caring culture which people, relatives and staff supported and promoted. People described the service as "faultless", "fabulous" and "fantastic". One person said, "It is faultless here. I can't have any faults with them at all. The staff are very nice. I can't say anything against them at all". Another person told us, "It is lovely here - it is ideal. It is pleasant and the staff are nice". One person's relative told us, "It is second to none here. The staff are very good and if they do not know something they will find out for you". A second relative commented, "I love it here. This has been the friendliest place we have been. The staff are lovely. It is like a little community here".

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide a very high standard of care. We observed staff during their interactions with people and found these to be extremely respectful, pleasant and polite. They regularly asked people if they were alright, if there was anything they could do for them and they encouraged people with mobility, praising them for their achievements. For example, one person was nervously taking their time to move from their room to the dining area for lunch; after each step they were encouraged by the staff member supporting them to keep going as they were, "doing so well".

Staff, including the manager, were empathetic and demonstrated their caring nature throughout our visits to the home. We observed people and staff thanking each other for their support and cooperation during their engagements. For example when staff gave out food for lunch, people thanked them and staff replied by saying, "You're welcome". The manager arranged for some flowers to be delivered to a person living at the home who had recently suffered a bereavement and we heard the manager regularly reassuring people and telling them there was nothing to worry about, as they would always be there to support them.

People and their relatives valued their relationships with the staff team. One person had nominated a staff member for an award within the provider's organisation and had noted, "X (staff member) is very compassionate and has a very good understanding of my condition. X (staff member) is passionate about caring for and understanding the needs of the residents". A person's relative had nominated a different staff member and said, "X (staff member) is always cheerful and supportive, with a caring and compassionate manner. I should also mention that X (staff member) goes the extra mile". People told us they felt well cared for and their relatives echoed this.

The manager and staff offered a level of support to people's relatives also. We saw they enjoyed very close relationships with people's family members who they offered support to at difficult times. People's relatives enjoyed jovial "banter" with staff and said they felt totally at home when they visited the service.

People and their relatives had opportunities to be heavily involved in the running of the service and to express their views and make their voices heard. In addition to regular "Resident and Relatives meetings", the manager had established a committee which was run and chaired by people and relatives, and met four weekly. The committee meetings were also attended by the manager bi-monthly. The idea of the committee was to ensure that people and their relatives had a say in what happened in the home. Relatives were also

invited to attend staff meetings on occasions. One person told us, "We are very much involved. I am a resident on the committee; I like it because we can bring things up and comment if things are not quite right". We observed a committee meeting during our inspection and saw that relatives were enthusiastic and felt empowered to make the home and service as good as it could possibly be for their family members. They discussed up and coming social events and how they could raise more funds to be spent on people living at the home. One relative from the committee was in the process of becoming a resident/relative liaison for the home, a post identified as being needed by the committee members. This role was designed to provide support and guidance about the care system and Redesdale Court itself to incoming people and their families.

People's relatives were also involved in interviewing potential new staff. The manager told us, "I would like everyone to be part of the home. I come up with new ideas and I want to bring them in here, for example, like getting people and their relatives to interview staff. Relatives have written questions for interviews and then come and interviewed staff. Yes I am the home manager but I think relatives should have a say in who we employ". Interview records reflected what the manager had told us and we saw staff had been interviewed by people's relatives alongside the manager.

The manager had developed a new initiative whereby a memory file was created for each person containing evidence of their life at Redesdale Court and their memories photographic form. The manager told us that the idea of these memory files was that they became a keepsake for people and their families. We saw examples of these and found them to be a very thoughtful and caring memento for people and their families to treasure.

The provider had introduced a person centred initiative throughout their organisation called "3 wishes" and the manager had embraced and driven this forward within the service. The initiative involved the activities co-ordinator spending one to one time with each person on a rotational basis and asking them to make three wishes of things that they would like to do. We saw that people had requested to go to Spain, to play golf and to bake cakes, amongst other requests. Where their wishes could not be fulfilled, such as going abroad to Spain, we saw the manager had made arrangements for those wishes to be met as closely as possible. For example, she had arranged for a Spanish night to take place for one person, where Spanish food was consumed and flamenco dancers provided entertainment, and for another person golfing equipment was brought into the home for them to enjoy. Photographs of people fulfilling these wishes showed that they had enjoyed themselves and they demonstrated the provider and manager had enhanced people's wellbeing.

The provider had introduced the 'Life Song' project to the home. Life Song is a programme which adopts a holistic approach to health and wellbeing, offering complementary therapies as part of integrated health care, for older people in care home settings. It offers support and comfort for older people through music, dance and gentle touch. We saw people partaking in musical activities linked to life song on the second day that we visited. Staff had been trained to deliver in line with the Life Song programme these caring and comforting experiences to people.

Information was readily available throughout the home and shared with people and staff via notice boards, on tables and in the reception area. In people's rooms they had a 'Residents Directory' which gave them information about the service and how to access support. During care delivery we saw that staff offered explanations about what they were doing in advance of assisting people. For example, one member of staff explained to a person that they were going to push their chair further under the dining table for them before doing it, and they explained the reasons why, saying it was so they did not fall or struggle to reach their food.

People's dignity and privacy was protected and promoted by staff. Staff had been trained in equality and diversity and they explained how in their daily roles they protected respected and protected people's dignity. One member of staff explained how they ensured people's curtains were closed when assisting them with personal care so that they were not overlooked. They also explained how if people approached them to discuss personal matters, they encouraged them to continue these in private, so that other people could not overhear. We observed one member of staff supporting a person to adjust their clothing to avoid their skin being exposed and therefore to protect their dignity. One member of staff had taken on the role of 'Dignity champion'. This meant they actively promoted and monitored dignity matters throughout the service.

Staff promoted people's independence in all aspects of their daily lives. There was equipment available to aid people to eat and drink independently, such as specialised drinking cups with handles. People were supported with mobility appropriately but they were encouraged by staff to do as much as possible for themselves, who then praised them about the progress they had made. Staff asked if people could manage alone or if they wanted support without simply assisting first. This showed people were empowered to retain their independence, for as long as possible

The manager told us that no people living at the home at the time of our inspection had a formal advocate in place to support them, but that should this be necessary, they had clear procedures and contact details in place about how to arrange this support. Advocates help to express the views and wishes of people who cannot do this for themselves, to ensure that their voice is heard. There was a welcomed culture within the home that people's relatives advocated on their behalf and where they did not, or people did not have family members to advocate for them, the staff team and management at the service took on this role.

Good

Is the service responsive?

Our findings

People told us that staff and the management team were very responsive to their needs, or any issues that they raised. They commented that they received appropriate care which was adapted as their needs changed. One person said, "You come here to be cared for and they do. I couldn't complain, I have no need to. The staff are good, they really can't do enough for you". Another person told us, "I complained about something small once and it was addressed straight away". A third person said, "Some people say it is like a hotel here and it is really". People also commented that if they were ever ill, medical attention would be sought for them straight away. We observed appointments were made on the days that we visited for people to access external healthcare professionals where their needs had changed.

Care records were individualised and contained information for staff to refer to about how best to support people. They were personalised with information about people's lives, their formative years, employment history, likes and dislikes. Pre-admission assessments had been carried out before people started using the service to determine their level of dependency and risks associated with their daily lives. Care plans and risk assessments were regularly reviewed and updated to ensure that instructions about the care people needed to receive remained current. People had care plans and risk assessments in place for a range of needs such as mobility, nutrition, behaviours that may be perceived as challenging and medication.

Care monitoring tools were used to ensure that people's care was delivered appropriately and changes in their health and presentation were identified promptly. For example, bowel movement monitoring charts were in place where this was necessary and positional change charts were used to record when people were repositioned, where there were concerns about their skin integrity. People's food and fluid intake was monitored where they had specific nutritional needs and any significant changes in their weights reported to the manager for assessment and appropriate action to be taken. Hourly comfort checks and night time checks were also carried out and recorded to ensure that people had everything they needed.

A diary system was used to pass information between the staff team and changing staff shifts. A verbal handover took place when staff shifts ended and began, and this was supported by a shift handover sheet which listed actions to complete and any areas of concern or monitoring of people's conditions. Daily notes were maintained which showed evidence of personal care delivered, activities people had undertaken, their general mood and any issues, amongst other things. This showed that measures were in place to support continuity of care.

People's care was person-centred. They experienced positive outcomes and their care needs were met. Records showed staff were responsive to people's needs and they had involved GP's and specialists in people's care when needed, to promote their health and wellbeing.

There was a range of activities on offer within the home and people were supported and encouraged to access the community regularly if they so wished. On the days that we visited we saw some people went out with friends and others enjoyed a day trip to the North Northumberland coast in a minibus, which the service had access to twice a week, sometimes more. One person talked to us about the number of times

they went out in the community and how they were supported to do so by staff. Another person was involved in a 'sponsored dance' where they were going to be dancing for a period of time to raise funds for the resident's fund within the home. People, staff and relatives were talking about this event with enthusiasm and interest. People said, "The activities lady has things for us to do every day" and "You just have to ask and they take you out". This showed the provider and manager promoted social inclusion.

People were encouraged and supported to make choices for themselves. We heard staff ask people where they wanted to eat their dinner, where they wanted to sit, if they wanted to partake in any activities and what they wanted to eat and drink. People told us that they were always able to make choices and they had as much control and independence as possible.

People and their relatives told us they were fully aware of the complaints procedure within the service but all said they had not had a reason to raise a formal complaint to date. One person commented, "I could complain, but I have no need to". A relative told us, "We have no complaints at all. X (person) is very well looked after". Where people or their relatives had raised any low level concerns or issues with management, they said that these had been addressed promptly. The complaints policy was displayed in the foyer of the home and a log of any complaints received was maintained in the office. We saw that historic complaints had been handled appropriately. All relevant parties were informed and the paperwork related to the complaint and investigation had been retained. A note was displayed outside the manager's office door which invited and encouraged direct feedback to the manager herself at any time. She told us, "I like to nip complaints in the bud before they escalate".

The provider had systems in place to gather the views of people, their relatives and staff. For example, 'Residents and Relatives' meetings were held within the home and also a variety of staff meetings. In addition, annual surveys and questionnaires were sent out to staff and professionals linked to the service. We studied the results of these internal annual surveys and identified that high percentages of staff felt valued, supported and proud of the work they do. The 'Professional Survey' results showed high percentages of satisfaction with 100% of professionals agreeing that 'The staff are seen to interact positively with the residents'. The service gathered the views of people who lived at the home via an independent care home survey in 2015 which asked people a variety of questions about their experiences. One of the results in this survey stated that 100% of people who completed the survey were happy with their care and support and 100% of people agreed with the statement, "I have a real say in how staff provide care and support me". This showed the provider had channels through which they could gather feedback from people, their relatives, staff and professionals working with the service.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post, who had been registered with the Commission to manage the carrying on of the regulated activities since November 2014. The registration requirements of the service had been met and we were satisfied that incidents had been reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

People, their relatives, staff and healthcare professionals linked to the service told us the service was extremely well-led. They used words such as "fantastic", "brilliant" and "proactive" when describing the leadership of the service. One person told us, "I think it is fabulous. Nothing is a bother to any of them (management and staff)". A relative said, "I can't fault it".

We received very positive feedback from people who used the service and staff about the manager. They informed us that morale was good amongst the staff team and they found the manager approachable, caring and a person who lead by example. One person told us, "X (manager) is a lovely girl". A staff member said, "X (manager) is very proactive. The staff come to you because X (manager) has promoted an open door policy. Residents open up to the staff and talk to them".

We spent time talking with the manager about her vision for the service. She told us, "I would like everyone to be part of the home and I thrive on making things better. The more people who come in from the community the better. I want this to be a friendly warm home with a lovely atmosphere every day. I want to build on new initiatives. I get ideas and want to bring them in here, like for example people's relatives interviewing staff. I think they should have a say in who cares for their relations".

The provider's 'vision' in their statement of purpose was person centred and placed people at the heart of the service. It read, "To provide a happy home where residents can relax in the knowledge that all the care they require will be provided, their friends and relatives are welcome and they are safe with a team of people who are devoted and committed to give their best at all times. To preserve the residents' rights as individuals and to support achievement of their rights. The feedback we received at this inspection and our own observations confirmed the manager led the service in a way which enabled the provider's vision to be fully met. There was an extremely positive culture within the home which promoted honestly and openness, and an application of human rights, diversity and equality during care delivery. Staff and people told us they were encouraged to raise issues of concern and when they did these were always acted upon because a desire to improve was a theme which was disseminated from the manager down through the service.

The provider had introduced several initiatives, as had the manager, of their own volition, and these had resulted in people and their relatives being heavily involved in the running of the service. They were also empowered to voice their opinions. For example, the 'Friends of Redesdale Court' committee introduced by the manager provided people and their relatives with a platform through which they could support the service, and discuss new ideas and fundraising events, with the aim of people receiving a very high quality personalised service. In addition, people's relatives were involved in interviewing potential new staff. From a caring and wellbeing perspective the manager had also introduced memory files to share with people and

their relatives, driven the provider's "3 wishes" and the 'Life Song' initiatives within the home by allocating accountable tasks to staff and ensuring they reported back to her regularly. Records from the April 2016 meeting of the 'Friends of Redesdale Court' committee showed that there were plans in place to introduce new initiatives such as a 'memory cafe' and sensory garden area within the home.

The manager had also arranged for Age UK to visit the service twice recently and deliver a dementia awareness session to people, their relatives and staff. There were plans in place for Age UK to hold a coffee morning at Redesdale Court in the weeks after our inspection. We saw information in the provider's service specific newsletter that a member of the staff team had bungee jumped from a local bridge in aid of the Alzheimer's Society and raised nearly £500 for this charity. This demonstrated the service had links with the community and local charities.

From a staff perspective the manager had set up a resources room for staff to go to and progress online training, research best practice guidance and refresh their knowledge, for example, of service policies. Staff told us they considered this to be a good facility and the information contained therein very useful.

At provider level a staff reward scheme was in place where staff could register and enjoy discounts on their shopping from a number of large partner organisations. The provider also offered loyalty bonuses, an annual family away day and football tickets to reward staff for their "hard work and loyalty". A staff recognition programme was in place where staff could be nominated for their practice on a bi-annual basis. Nominations were made by a range of people, including staff, people, their relatives and external healthcare professionals involved with the service, and an awards ceremony was held to recognise individual staff member's contributions to the service. This year the manager of Redesdale Court had achieved the award of Innovation of the Year 2016 for the initiatives she had introduced and driven within the service.

The manager had also recently registered and been trained as an iCare Ambassador, part of a project linked to the Skills for Care workforce development strategic body. ICare Ambassadors are part of a national team of workers from the care industry who talk about what it is like to work in social care. Ambassadors visit schools, colleges and Jobcentres and run a range of careers activities within their workplace, such as guided visits and mentoring for new workers. The manager told us she was very much looking forward to this role.

In October 2015 the provider organisation built a chalet in Kielder Forest, Northumberland for members of the public who were part of a family with disabled children, to apply for a residential break. The provider had made available 16 long weekend breaks for staff working for their organisation to enjoy through a nomination scheme. The manager told us that staff could only enjoy this benefit if they had been nominated by their colleagues or management for their services to the organisation or because they were experiencing difficulties in their personal lives.

Newsletters were sent out within the service on a daily basis to residents and delivered to their rooms to keep them informed of important announcements, activities taking place, the daily menu and weather forecast. In addition, the provider sent out a monthly newsletter specific to the home, a staff monthly newsletter and a quarterly magazine covering topics such as special events, changes within the provider's organisation, entertainment, and health and wellbeing. This showed that the provider kept staff and people informed and up to date with service and company-wide developments.

A range of different audits and checks were carried out to monitor care delivery and other elements of the service. Analysis of accidents and incidents that had occurred, were completed regularly. Health and safety audits/checks around the building were also carried out. There was evidence that where issues were identified, action plans were created and steps had been taken to ensure matters were addressed. The

manager also used a range of matrices to monitor progress with, for example, staff training, DoLS order applications and expiry dates and care plan reviews. A new overarching electronic portal designed as a quality assurance tool had been introduced which was still being developed in certain areas at the time of our inspection. The manager inputted information about the service, such as the number of safeguarding incidents and accidents and incidents, so that this information could be monitored and analysed at a senior level. Where home audits had been carried out these were also inputted into the system and any action points were allocated to the manager for them to progress.

Staff supervisions and appraisals were carried out and assessments of staff competency in administering medicines was checked to ensure that they followed best practice guidelines. The provider had analysed results from internal feedback questionnaires they had sent to staff and professionals linked to the service, and then collated a report. This contained a summary of changes that had been introduced in response to some of the feedback received. This showed the provider used the information they obtained from feedback to drive forward changes within the service and to improve people's and staff's satisfaction levels wherever possible.

The operations manager visited the home regularly and carried out a monthly audit which included obtaining feedback from people and staff, reviewing training records, complaints, staffing levels, recruitment, safeguarding matters, environmental issues and audits, amongst other things. Where the manager had matters to address or improvements to make as a result of these audits, action plans were drafted to be completed as soon as possible. Staff meetings at a variety of different levels took place regularly and showed the manager kept staff informed about important matters and changes to the service. The provider also used these meetings to deliver messages to the staff team.