

Redwood House Care Home Service

53 Seafield Road
Broughty Ferry
Dundee
DD5 3AL

Telephone: 01382 480173

Type of inspection:

Unannounced

Completed on:

9 May 2019

Service provided by:

Thomas Dailey trading as Kennedy Care
Group

Service provider number:

SP2003003646

Service no:

CS2011298979

About the service

Redwood House is a care home for older people. This service has been registered since 2011. The service is provided by the Kennedy Care Group and is registered to provide care for up to 30 older people.

Located in the Broughty Ferry area of Dundee, the home has 26 single and two double bedrooms, all with en suite toilet facilities. Most of these rooms are in the newer part of the building, with a small number in the traditional part of the building, which also has a spacious lounge and two dining areas. The building has full disabled access and landscaped gardens. The home provides long-term and respite care for older people. It does not provide nursing care.

The service states that it aims to provide care and accommodation of the highest quality for older people, with the intention that the people who reside at Redwood House will live in a 'homely' manner that gives a good service to residents.

What people told us

We sent out 24 Care Standards Questionnaires (CSQs) prior to our inspection to people using the service, relatives and staff, and 16 were returned. In addition we spoke with people using the service, relatives and staff during the course of our inspection. Some residents indicated that the food was not always to their preferred taste and there were times when not enough staff were available. Most people who returned our questionnaires, or spoke to us were very positive about the service. The range of comments we received is reflected here:

Residents:

'The staff are mostly kind and caring, although some are abrupt and bossy.'

'They always let me do what I ask (stay in my room, bed or chair), they ensure that I wear my own clothes and know what I like to wear.'

'The food is not always what I would like to eat, the food I like to eat is not always available.'

'They get me medical professional help if I need it.'

'I like everyone here.'

'The carers are very nice.'

'The call system has not been adjusted as promised, and I am losing the strength in my legs as I am unable to move around my room independently.'

'Not enough activities for me.'

'I am happy with my room, and the staff.'

'Sometimes the staff can be a bit insensitive.'

Relatives:

'We feel very privileged to have found 'Redwood' for my relative.'

'My friend appears to be settling in well.'

'My relative could do with having more appropriate things for him and his interests.'

'Staff are all very nice, they always make us feel welcome.'

'Its a relief to know that my relative is getting regular meals and is cared for.'

'I am really happy with what I see, and from my relatives reactions, I think he is happy.'

'My relative is well cared for.'

Staff:

'I have recently joined Kennedy Group and am working towards my SVQ 3.'

'The training is good, the mandatory training is done annually.'

'Things have been a bit shaky recently, as both the manager and deputy are off at the moment and we have a new acting manager. There are a lot of new seniors, and its all about knowing how different people work and getting used to what they want.'

'Supervision is usually once every 3 months.'

'There are opportunities to make suggestions.'

'My induction was good, we had 4 days mandatory training, and also did 2 shadow shifts with another member of staff.'

'Team meetings are supposed to be once a month, but we haven't had one for a while.'

'I really like my job, we all get on really well.'

'All the managers are supportive.'

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	not assessed
How good is our staffing?	not assessed

How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We found that staff were respectful, and treated residents with respect. Care and support was carried out at a relaxed pace, and residents told us that they could choose when they got up, and where they spent their day. We saw that some residents were still enjoying breakfast at 11:00, and there was a relaxed and homely atmosphere at this service.

Staff clearly knew the residents well, and we saw warm and natural interactions with plenty of banter and appropriate use of humour. People told us that they had confidence in the staff and felt safe.

Residents told us that the food was good, and there was plenty to eat. We saw that the menu board was accurate, and that people could, and did ask for second helpings. Residents had good access to fluids, which were available in the sitting room and in peoples own bedrooms. Although food was plentiful; we could not see how residents had been involved in contributing to menus, or if they had been consulted about preferred food choices. Some residents told us that, 'the food is good, but not really to my taste'. People should expect to have meals that meet their personal preferences and choices.

Resident meetings had not been held for some time, which would have given people an opportunity to feedback to the service about how improvements could be made to menus, activities, and other areas of the service.

We saw that a good range of activities were offered, which were arranged by the recently appointed Activities Co-ordinator.

We saw that activities included some community involvement with local nursery children visiting once a week, as well as visits from pets and animals, which residents clearly enjoyed. Some people had benefitted from visits to local attractions during outings with the mini bus which this service shared with other care homes within the company. We heard that one of the days that the bus was available had recently changed, and that the time was not suitable for residents at this service. This meant that the bus had not been utilised as much as it could have. We were pleased to hear that this would be addressed to ensure that residents could access on both days that the bus was available.

We found that the only activities co-ordinator was responsible for a range of tasks, which clearly impacted on the time available to support activities. We found that staff appeared to have little time, or did not see activities as part of their role and therefore during this inspection did not support activities. This meant that there were long periods when people did not have enough to do. We discussed the importance of all staff being engaged with activities and the documentation of these in support plans. It is important that people are supported to maintain their interests, activities and hobbies that are important to them. **(See area of improvement 1)**

Support plans evidenced that there was good contact with peripatetic professionals, including GP's, District Nurses who visited the service daily, Community Mental Health Services and Dieticians. We spoke with one visiting professional who told us that communication was good, and that staff were in frequent contact, and ensured residents received timeous care from the GP/District Nurse's when it was required.

Areas for improvement

1. It is recommended that the service further develops the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and which state that 'My needs are met by the right amount of people' (HSCS 3.15).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

We found that there were good links with peripatetic professional support, such as GP's, District Nurses, Dietician's and others in all the support plans that we sampled.

New style care plans were being introduced at time of inspection; unfortunately, this meant that there was a lack of consistency of standard within the support plans sampled. We found that staff were confused about what documentation should to be recorded within individual support plans. This meant that there was an increased risk of mistakes or essential information not being recorded or easily accessible. The service was working hard on improvements in this area, and we discussed additional staff support and training to ensure that they understood the new support plans and were confident about what was required to be recorded for each individual.

We found that food/fluid charts had not been completed properly, this means that there was a risk that people may not be achieving required levels of food and fluids. For example, target fluid levels had not been set, or totalled at the end of each day. This meant that staff would not know if satisfactory levels of hydration had been

achieved, and therefore ensure appropriate action to address any short falls. We also found discrepancies in how instructions from other professionals had been carried out. It is important that when people are being supported by a team or more than one organisation, that this is well co-ordinated in order to support consistency and continuity. **(See area of improvement 1)**

We found that reviews had not always been signed by either the resident or their legal representative, and there was an inconsistent approach to residents being invited to reviews. It is important that people are involved in developing their personal plans, in order to ensure that they are supporting people to achieve their personal outcomes.

We found that there was limited information about peoples likes/dislikes in relation to meaningful days and food preferences. This documentation was starting to be documented but was in early stages and lacked detail of personal choices. We found that the recording of how people had been supported to enjoy activities that were meaningful to them was limited, but recognised that this was an area of development, of which the service was aware and was reviewing at the time of our inspection.

Medication systems were mostly well managed, with good records of administration of both oral and topical medications. However, we found that records detailing 'as required' medication administration had not been recorded properly. For example, we found that the effect of as required medicines had not always been recorded, or that some people were receiving very regular 'as required' medicines, with no clear explanation as to why this was required. It is important the effects of as required medication are recorded to ensure that it is effective and necessary.

Areas for improvement

1. The provider should ensure that the service own policies and procedures are followed with respect to food/ fluid documentation, and all staff who complete these records used to evaluate service users' health can do so accurately.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4:11 which states: 'I experience high quality care and support based on relevant evidence, guidance and best practice' and 4:19 which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The lift has remained out of order for approximately four months and must be repaired to ensure that the premises remain fit for purpose. The service provider must notify the Care Inspectorate to advise when the repairs have been carried out.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation (10)(b) Fitness of Premises

This area for improvement was made on 10 April 2018.

Action taken since then

The lift has been repaired, and the service ensured that the Care Inspectorate was notified. The provider has also changed to another company to provide servicing and maintenance to this and another lift in the premises in order to prevent lengthy delays in future.

This area of improvement has been met.

Previous area for improvement 2

The Provider should ensure that all notifiable incidents are reported to the Care Inspectorate as per the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011 SSI 2011/210 Regulation 4(1)(a).

This area for improvement was made on 10 April 2018.

Action taken since then

The Care Inspectorate has received appropriate notifications for this service, since our previous inspection.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate

1.3 People's health benefits from their care and support	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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