

Redwood House Care Home Service

53 Seafield Road
Broughty Ferry
Dundee
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Telephone: 01382 480 173

Type of inspection:
Unannounced

Completed on:
21 April 2022

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 provider states their philosophy is, 'We strive to create settings where residents' individuality is acknowledged where dignity and privacy are respected where residents can feel safe and secure.'

About the inspection

This was an unannounced which took place on 20 April 2022 between 9.45am and 3.30pm. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with six people using the service and four of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- staff were good at developing meaningful relationships with people
- people were connected with family and friends
- people's personal support plans should be updated as their needs change
- audit and quality assurance should contribute to improvements in service delivery

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?	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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's health and wellbeing should benefit from their care and support. People had personal plans in place that were reviewed regularly, however they were not always updated as a person's needs changed. This meant that personal plans did not support and direct care staff to meet the person's needs. If needed, people had their food and fluid intake documented, however this was not done consistently and there was no evidence of effective monitoring of this or evidence of actions taken in response to reduced intake. Failing to monitor or take action in response to poor fluid intake could impact negatively on people's health and well being. A requirement is made (see requirement 1).

People were supported to enjoy spending time outside in the garden and we heard that people had also been supported to go for short walks in the local community. The service also organised fortnightly outings on the provider's minibus. One person said, 'my relative has blossomed since moving into the home.' It is important that people's health and well being is supported by opportunities for a variety of meaningful activities and the service should further develop people's personal plans to ensure that their needs are being met. The area for improvement is continued from our previous inspection (see area for improvement 1).

People could choose to eat their meals in the dining room or their own room. We heard that some people chose to spend most of their time in their own rooms. For some people this had always been their preference, but for others the isolation periods of the pandemic had an impact. We discussed the importance of continuing to help people to rebuild their confidence to mix with others in communal areas of the home.

Staff worked hard at supporting people to stay connected to their community and loved ones during the Covid-19 pandemic. We saw some really good examples of where family/friends relationships were developed and encouraged. The relatives we spoke with were very happy with the visiting arrangements and the contact they had with their relatives. They found staff to be welcoming and open. Comments included: "There was good communication between myself and the home during the pandemic." "The pandemic lasted a long time and staff would phone keeping me abreast of what was happening in the home, it was good of them to do this in a difficult time for all." "We are able to visit as often as we like now as long as you take a LFT before you go in and complete the paperwork when inside. You can stay as long as you like with no time limit. It was quite emotional the first couple of visits but all well now." "I can see my daughter whenever I like now, that makes such a difference to me".

In accordance with the new Health and Social Care Standards and to ensure that people continue to strengthen and develop relationships with friends and family, the provider needs to make people aware of their visiting rights and record this information. This is especially important, if restrictions to routine visiting are needed to prevent infection.

The home is a large building with many rooms and communal areas. There was a good standard of cleanliness throughout the whole home. Communal areas, corridors and lounges were clean and free from clutter. The pantry area outside the kitchen was clean however, there was no sealant between the worktop and the walls making it difficult to ensure this area was completely clean. The manager ensured that sealant was applied to worktops during the inspection.

The service had good supplies of Personal Protective Equipment (PPE) that were accessible at PPE stations throughout the home. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of airborne infections. However, we found the external clinical waste bins where PPE was disposed off were not locked; this presents a risk to the public. The manager addressed this and has reminded all staff of the importance of ensuring these bins are locked at all times.

Staff performed hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This is required to break the transmission path between people.

Laundry and domestic staff were very knowledgeable about the procedures they needed to observe and the products they needed to use. There was a good supply of cleaning equipment, products and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines. The laundry was tidy and visibly clean, however, behind the washing machine and tumble drier there was a high level of dust and the floor was not clean. We also found that although staff attempted to clean pullcords, they did not have a cleanable surface and as a result appeared dirty and we could not be confident that they were free of contamination (see requirement 2).

Requirements

1. By 31 May 2002, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the assessed current health and care needs of the person with priority given to nutrition and hydration
- b) describe in detail the need and abilities of the person and the support required to meet those needs
- c) accurately reflects any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks, and
- d) are always implemented.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with health and Social Care standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

2. By 31 May 2022 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a) ensure that the laundry is kept clean; and
- b) ensure that all pullcords are replaced and cleanable.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

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
'My needs are met by the right amount of people.' (HSCS 3.15)

How good is our leadership?

3 - Adequate

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service had a number of audit processes in place, however there was inconsistent evaluation of people's experiences to ensure that their identified outcomes were being met. For example we found that assessments and care plans were not always updated or fully completed. There did not appear to be effective oversight of this and this could mean that people did not receive the right care and support to meet their needs.

In relation to infection prevention and control, observations of practice were undertaken and linked with staff supervision. This was effective in ensuring good practice was followed. However, although environmental audits were being undertaken and areas for improvement had been identified by the manager, this work had not been completed by the provider.

The service had an improvement plan in place, however we could see that there had been some provider delays in implementing work identified by the manager. We discussed with the leadership team the importance of using the information gathered from people using the service, their families and audits to support continuous development and improvement of the service and have made an area for improvement (see area for improvement 1).

Areas for improvement

1. The provider should ensure that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service. To do this, the provider must at a minimum:

- a) review and update audit tools and processes; and
- b) implement a development/improvement plan that identifies who is responsible for the improvement and timescales for that work to be undertaken.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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

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)

This area for improvement was made on 9 May 2019.

Action taken since then

Although some activities were being facilitated in the home, there was limited assessment and support planning in relation to people's individual preferences for activities and interests or in relation to an activity plan for the service as a whole. Having opportunities for meaningful activity is essential to support people's health and wellbeing. We have continued this area for improvement.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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