

## Redwood House Care Home Service

53 Seafield Road  
Broughty Ferry  
Dundee  
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Telephone: 01382 480173

**Type of inspection:**  
Unannounced

**Completed on:**  
4 March 2024

**Service provided by:**  
Redwood House (Broughty Ferry)  
Limited

**Service provider number:**  
SP2023000432

**Service no:**  
CS2023000423

## About the service

Redwood House is a care home for older people, located in the Broughty Ferry area of Dundee. The home provides long-term and respite care for older people. It does not provide nursing care.

There are 28 single 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. Full disabled access and landscaped gardens are provided.

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

The service re-registered under a new provider on 13 December 2023 and is registered for a maximum of 28 older people. This was the first inspection of the service since re-registration.

## About the inspection

This was an unannounced inspection which took place on 28 and 29 February 2024, between the hours of 09:00 and 17:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included registration information, information submitted by the service and intelligence gathered since re-registration. In making our evaluations of the service we:

- Spoke with five people using the service.
- Spoke with two family members/representatives of people using the service.
- Spoke with two family members/representatives of people using the service by telephone.
- Spoke with two visiting professionals.
- Spoke with seven staff and management.
- Received feedback through electronic care standards questionnaires from: 12 people using the service; three family members/representatives of people using the service; and eight staff members.
- Observed practice and daily life.
- Reviewed documents.

People indicated that they were very happy with the care and support provided, and with the management of the service. They particularly appreciated staff members knowledge of people's care needs and their kind and compassionate approach.

## Key messages

- People were treated with kindness and respect.
- Staff worked well as a team and had appropriate qualifications and experience in providing care. People, their relatives/friends, and visiting professionals spoke highly of staff.
- People could access a wide range of daily activities and were encouraged to remain active.
- People's healthcare needs were regularly assessed and reviewed, and there were strong links between the service and external professionals.
- A range of quality assurance checks and monitoring processes were in place, which the leadership team used to ensure effective oversight of the service.
- The leadership team demonstrated a clear understanding of what was working well and knew what improvements were needed to improve outcomes for people.
- The quality of the overall environment was of a high standard. However, work was still in progress regarding an environmental improvement plan, produced as part of the service's conditions of registration.
- Care plans identified people's needs and preferences. People and their representatives were involved in planning and reviewing care; however, this could have been better reflected in care plans.

## 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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed that people were treated with kindness, compassion, dignity, and respect. The home had a relaxed and peaceful atmosphere. People were comfortable whether spending time in public areas or in their own room.

People, their relatives/friends, and visiting professionals spoke highly of staff. Relatives told us the staff were "absolutely brilliant" and "it is a great comfort that... [my relative]...is well looked after". People benefitted from having consistent staff who knew people as individuals and had a good knowledge of their needs.

People could access a wide range of daily activities, including arts and crafts, hairstyling, church services, visits from local nursery children, music, walks, shopping, and day trips. People were consulted at regular residents' meetings about activities, and they were encouraged to maintain and develop interests that mattered to them. People's ideas and suggestions about activities were explored, documented, and actioned. This helped ensure that people were supported to structure their time around their own choices. People were encouraged to remain active if they were able to, with gentle physical and chair exercises scheduled in groups and on a one-to-one basis. The service agreed that recording the impact that these exercises had on people's physical health and emotional wellbeing would highlight the positive outcomes achieved for individuals.

The service had weekly access to a minibus, which was used for shopping trips and outings. People suggested that they wanted to continue to do their own shopping to retain a sense of "normality". We saw that staff supported people to be as independent as they could be.

The service provided person-centred care, which was led by people's wishes and preferences. People's aspirations were sought through discussions at regular residents' meetings; however, delivering on individual aspirations could be further developed. The service was due to introduce a new electronic care planning system, which includes a section on making people's dreams come true. This should help highlight people's aspirations and drive actions to achieve them.

There were regular visitors to the home throughout the inspection. Relatives told us that they were welcomed, and that staff treated them with kindness when they visited. Because existing relationships were encouraged and nurtured, people's meaningful connections with family and friends were able to be maintained. Relatives told us that they felt able to approach the leadership team with any issues and that these were effectively resolved.

Mealtimes were observed to be calm, and people could choose to have their meals in the dining area or their bedroom. People designed the menu based on their food preferences and alternatives were on offer. People always had access to fluids and snacks were available at regular intervals throughout the day. People, however, provided mixed feedback about the quality of food. We discussed this with the manager, who was aware of this and was working to improve people's mealtime experience.

People's healthcare needs were regularly assessed and reviewed, and there were strong links between the service and external professionals. Visiting professionals told us that staff were knowledgeable about people's healthcare requirements and that they sought appropriate interventions to ensure that people got the support they needed at the right time. Care plans and risk assessments were reviewed and updated regularly. People's medication was well managed and subject to regular audits, which helped ensure individuals were supported to take the right medication safely.

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

A range of quality assurance checks and monitoring processes were in place, which the leadership team used to ensure effective oversight of the service. Regular audits enabled areas for improvement to be identified and actioned. There was a manager's daily "walk around", which was used to identify issues affecting people and the care environment. The manager agreed that documenting issues identified, and any actions taken, during the daily checks would ensure that a clear audit and outcomes record was maintained.

There were systems in place to ensure safe and effective cleaning of all areas of the home. We observed staff adhering to good hand hygiene practice and they encouraged visitors to do likewise. Regular audits were completed in relation to infection, prevention, and control (IPC), health and safety, and property maintenance. During the inspection, we observed that mattresses and soft furnishings were cleaned or replaced as required.

People were regularly consulted about their experiences and wishes through satisfaction surveys, a "suggestion tree" and monthly residents' meetings. We saw that suggestions made by people were taken on board and had been actioned. People engaged in decisions that were meaningful to them. We were assured that people felt respected and listened to and that their wishes were used to influence how they were being supported. The views of relatives, staff, and visiting professionals were also sought through meetings and surveys, with appropriate action taken on issues identified.

Accidents and incidents were recorded and reviewed by the leadership team; however, the service could improve the recording of actions taken to minimise the risk of further occurrences. We discussed this with the manager, and they agreed to implement changes to address this.

The leadership team demonstrated a clear understanding of what was working well and knew what improvements were needed to improve outcomes for people. An improvement plan had been developed with a focus on the introduction of new care plans, staffing, and involving people in making improvements to the service. The implementation of the improvement plan will be reviewed at future inspections.

### How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident that staff were recruited in line with current good practice. Staff worked well as a team and had appropriate qualifications and experience in providing care. A stable core staff group and clear arrangements to cover staff shortages (including obtaining the same agency staff members) helped ensure that consistent care was provided by staff who knew people well. This enhanced people's quality of life.

The manager was supported by a deputy manager in leading a staff team, which was well regarded by residents, their families/representatives, and professional visitors. There was a clear focus on providing high standards of care.

Staff received supervision from their line manager; however, this had not been provided consistently for all staff in recent months. Positively, the manager had identified this through audit and plans were in place to deliver supervision sessions over the coming months. Staff training was provided online and in-person. We saw no significant gaps in core training and wider training in subjects, such as dementia awareness, epilepsy, and medication administration had been provided. Robust supervision and training are important in ensuring that high standards of care practice are maintained with positive outcomes for people. Consistency in the provision of supervision will be examined at future inspections.

## How good is our setting?

### 3 - Adequate

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

The quality of the overall environment was of a high standard. However, work was still in progress regarding an environmental improvement plan, produced as part of the service's conditions of registration when the service re-registered with the Care Inspectorate in December 2023. These works will need further assessment as tasks are completed and/or at future inspections.

The care setting and equipment provided was appropriate to people's needs. The environment was clean and well decorated, with staff training and cleaning schedules in place to help ensure effective infection prevention and control practice was followed.

People's rooms had ensuite toilets and could be furnished according to personal choice. They had access to a well-maintained garden with a covered seating area and level lawn. There was weekly access to a minibus and people chose a variety of outings, such as trips to shops, garden centres, Verdant Works, local parks, and Arbroath. Activities were also organised in the home on a routine basis, including regular visits from local nursery and primary schools, and a monthly church service. People appreciated the opportunity to go out and take part in activities that were of personal interest.

## How well is our care and support planned?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans identified people's needs and preferences and were used by staff to direct them in how to provide people's care and support. Ongoing assessments and reviews were up to date. We found helpful summaries of care needs and life story documents, and there was clear communication with external health and social care professionals. Care plans were, however, bulky and condensing some of the documentation would make them easier to use.

More detail about people's ambitions and achievements could also add benefit in promoting people's interests and independence. The introduction of a new electronic care planning system is planned and will provide an opportunity to make improvements in these areas. This will be reviewed at the next inspection.

People and their representatives were involved in planning and reviewing care; however, this could have been better reflected in care plans. The manager recognised this and planned to make improvements. Involving people and their representatives in planning and reviewing care helps ensure that people's rights are protected and that their lifestyle choices are respected.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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