

Redwoods Care Home Care Home Service

Redwood Nursing Home
Old Walled Garden
Teaninich
ALNESS
IV17 0XB

Telephone: 01349884216

Type of inspection:
Unannounced

Completed on:
6 August 2024

Service provided by:
Redwoods Care Limited

Service provider number:
SP2021000163

Service no:
CS2021000266

About the service

Redwoods Care Home is registered to provide a care service to a maximum of 42 older people. The service is provided by Redwoods Care Limited, which is part of the Meallmore group.

The care home is located in a purpose-built single storey building set in its own grounds, with a safe garden area.

The home, which is situated on the outskirts of Alness is divided into three units: Ardroy, Fyrish and Teaninich. All bedrooms have en-suite facilities. There are a number of communal rooms, lounges, dining rooms, as well as further shared bathrooms and toilets, situated throughout the premises.

About the inspection

This was an unannounced inspection which took place between 29 July 2024 and 6 August 2024. 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 10 people using the service and nine of their family or friends;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents;
- had feedback from three visiting professionals; and
- reviewed submissions from online surveys submitted by seven relatives, 10 residents and 11 staff .

Key messages

The service was well led and managed by an experienced and knowledgeable leadership team.

People were cared for to a high standard by a kind and committed staff team.

Some areas of the mealtime experience could be improved on.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self evaluation that was reflective of our findings.

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

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

How well do we support people's wellbeing?

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.

People benefited from comprehensive health assessments and screenings. For example skin care, continence management and nutrition. These were based on good practice and evidence-based guidance and were reviewed regularly. Staff were quick to identify changes in people's health and sought appropriate advice and follow up treatments from partnership agencies. For example the GP, community nurses and psychiatrist. Families were well informed if there were changes to their loved ones' health. The above meant people were getting the right care at the right time and good health was being promoted.

Feedback from partnership agencies highlighted that staff worked in a person centred manner and were confident and competent in their roles. Staff knew how to positively support people. Staff interactions helped people feel safe and secure and reduced anxieties they were experiencing. Some of the comments from people we spoke with included;

"I feel that I am well looked after. The staff really care and are genuine."

"There are protocols in place to keep my relative safe and all the staff genuinely care. They seemed to do everything right in a person centred manner."

"The service look after their patients/clients well and they are friendly and polite and always cheery. They have patients' best interest at heart."

Staff supported people with their medication, in a way which was right for them. There was evidence of safe staff practice when handling people's medication. However recording of "as required" medication needed to be improved (see area for improvement 1).

Staff made sure people had access to drinks and snacks throughout the day. Meals looked appetising and people told us the food was good and tasty. We saw people being offered second helpings, which a few people took. One relative told us the staff made sure her mum got the food she liked, which ensured her mum had a healthy start to the day. We felt the dining experience could be improved on, by people sitting for less time, whilst waiting for their meal. Staff should be using this time more productively by spending meaningful time with people up to when meals are being served. The provider was looking at a number of ways to improve on this and we will consider this further at the next inspection (see area for improvement 2).

Areas for improvement

1. To promote people's health and ensure "as required" medication is used at the right time, there should be clear and detailed information in the person's "as required" protocols, that staff follow. The effectiveness of the medication should be evaluated regularly.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11);

2. To further enhance an enjoyable mealtime experience, the provider should make sure people are not sitting unduly waiting for their meals.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35).

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.

There was a visible and supportive leadership team in place with a good understanding of their roles and responsibilities. Learning was promoted throughout the staff team and leaders were responsive to feedback. Management had built strong, positive relationships with the staff team; this meant people were supported by staff who felt valued and motivated. Comments from people we spoke with included:

"There is a really good management team and they are very approachable if I had any worries."

"I cannot think of any improvements, however if I did I would talk to the senior staff about this, they would listen and action."

"The management team are approachable, and they will usually sort stuff if I we raise it."

Thorough quality assurance and auditing processes were in place providing oversight of care within the home. These were detailed and included actions and timescales where areas for improvement had been identified. Clear records of improvement work were kept which allowed them to be tracked and showed an understanding of how these would achieve improved outcomes for people.

Management were involved in flash meetings and handovers to ensure they were kept up to date on how people were. Accidents and incidents within the home were well managed and appropriately documented.

The home had a service improvement plan which included self-evaluation. The improvement plan was frequently updated by management to monitor progress. This meant people benefited from a culture of continuous improvement within the home.

How good is our staff team?

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.

Staffing was stable and at good levels. The manager reviewed people's dependencies regularly to help identify the right levels of staff for each shift. There was an appropriate skills mix of staff on shift, working well together to provide a high standard of care and support. Staff had time to support people in an unhurried manner. Staff focused on maintaining and promoting people's independence. Staff, people, and their visitors felt staffing levels were appropriate.

People benefited from a warm atmosphere because staff worked well together. Staff helped each other in a flexible and responsive way, ensuring people's needs were met in a person centred manner. Staff were motivated to do their best for people.

Staff knew and understood their roles and responsibilities. The staff team were knowledgeable and had the right training to support people with their emotional and physical health. New staff were appropriately inducted and mentored into the role. Communication within the team was very good. Information was passed on and care and support matters were discussed to ensure people were getting the right care.

Staff reported that management were supportive, approachable, on hand and had good insight into people's care needs and wishes. This promoted person centred, safe care for people. Some of the comments from people we spoke with included:

"A positive about the care home is staff really care about the residents and it is a stable staff group."

"Redwoods is run very well by the recent management team and their nurses are superb and keep on top of everything."

"We have a really good core staff team who are dedicated and knowledgeable and support residents in a person centred manner."

How good is our setting?

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.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked-after. People's bedrooms were comfortable and personalised and people enjoyed spending time in them.

A sensory garden had been developed by one of the staff. We observed one gentleman living with dementia enjoying the colours, shapes and shadows of the garden. These were helping him feel relaxed and calm.

There were a number of checks in place that promoted a safe and well maintained environment. For example fire safety checks, water temperature checks and alarm checks. Equipment and faults were repaired quickly and to a good standard. Some of the comments from people we spoke with included;

"I am comfortable here and have a nice bedroom I can spend time in."

"I like the garden and spend time there."

"The place is clean and tidy and I can't think of anything better."

"This is my home now, the care home is safe and secure and I am well looked after."

The door to Fyrish unit was sticking and banging when it opened and closed. This was disruptive to people in close proximity and disrupted their sleep. A solution needs to be found so the door closes quietly (see area for improvement 1).

Areas for improvement

1. To promote good sleep, the door leading into Fyrish unit needs to open and close quietly.

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

'My human rights are central to the organisations that support and care for me.' (HSCS 4.1)

How well is our care and support planned?

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.

Care plans reflected people's rights, choices and wishes. They were person centred and included information on people's preferences and what was important for them. Care plans gave detailed information on how people wished to be supported and recognised the importance of maintaining and promoting independence. People told us their care plans accurately reflected their care needs and staff were good at providing care in line with their wishes.

People's needs were regularly evaluated by senior staff to make sure they were getting the right care at the right time. People and their family/ legal representative (where appropriate) were central to reviews of their care. They told us their views were listened to and respected. This meant care was delivered in the manner they wished.

When we considered six monthly reviews, there were some areas of paperwork that needed adjusted, to ensure the care plan documentation was being reviewed as expected (see area for improvement 1).

Areas for improvement

1. To ensure ongoing good outcomes for people, six monthly formal reviews should include reviewing and considering the person's "written care plan." If changes are identified the care plan should be updated to reflect these.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

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

Where there are known risks to people's health, wellbeing, and/or safety, these should be fully discussed with them, and where appropriate their representatives, with effective risk reduction plans agreed, recorded, and put in place.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 4 April 2024.

Action taken since then

The area for improvement has been met. Robust safety plans were in place identifying individual risks and what strategies were in place to reduce these. These had been discussed with the individual and their representatives where appropriate.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, and their representatives, people's choice and preference for contact should be clearly established at the start of their residency, and reviewed regularly or when circumstances change.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 4 April 2024.

Action taken since then

The area for improvement has been met. The information was contained in individual care plans and reviewed regularly.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, and their representatives, the manager should ensure all staff understand their role and responsibility in managing any potential adult support and protection concerns, including appropriate and timely reporting to other agencies.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 4 April 2024.

Action taken since then

The area for improvement has been met. Staff were able to tell us what they would do if they had any protection concerns. They had training in relation to this and there were processes in place to support timely reporting of adult support and protection concerns.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.