

Cornwall Care Limited

Redannick

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Redannick provides residential care for up to 41 older people most of whom are living with dementia. At the time of the inspection there were 27 people living at the service. The home is situated within a residential area of central Truro. The accommodation is all on one level and there are external garden areas suitable for people to use.

People's experience of using this service and what we found

The service had introduced a new electronic staff roster to improve the reliability and running of the service. There had been a transition process from paper to the electronic system and some staff had found it confusing using both. However, the service was now only using the electronic roster which staff were now familiar with.

Medicines were stored safely, and staff had the knowledge and skills to administer them safely. Previous errors in missed medicines had been reviewed and action taken to address this. When medicines for use as required were administered there was not always a record to show why they had been given or if they had been effective. We have made a recommendation about this in the report.

All necessary recruitment checks had been completed and there were effective safeguarding systems in place. Staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

There had been gaps in the delivery of training during the COVID-19 pandemic. However, this was being addressed and staff were updating their training to support them in their role.

Risks were identified, assessed monitored and reviewed. People told us they felt safe.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were aware of the organisations guidance on the use of personal protective equipment (PPE) such as masks, gloves and aprons. The service was clean, and we observed housekeeping staff carry out 'touch point' cleaning on door handles.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. Regular auditing was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 18 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, responding to people's needs and concerns people's needs were not always being met. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redannick on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

Redannick

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors undertook this inspection.

Service and service type

Redannick is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with twelve members of care staff including night and day staff, the clinical lead for the organisation, the manager and two senior care workers. We spoke with a visiting professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, medicines records and maintenance records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and monitoring of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at mental capacity records and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We had received concerns that there were not enough staff to meet people's needs. For example, getting people up very early without choice. We visited the home very early and found this was not the case. Enough staff were on duty and one person was up. We identified this was their usual routine. There were enough staff on duty at the time of the inspection. Some staff told us there had been gaps but that staffing had improved and there was less reliance on agency staff.
- We observed staff had the time to spend with people individually. Staff were not rushed. They told us, "It's much better now we, have time to spend with the residents" and "Changes have been for the better."
- Staff were recruited safely. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Medicines were generally managed safely in the service. Medicines administration records were completed, however people who required medicines 'when required' did not always have the reason why they had been administered and what the outcome was. Staff were not always following the protocols in place for this.

We recommend for the provider consider current guidance on giving 'when required' medicines and review the process for recording the effectiveness of the medicine.

- Medicines that required stricter controls were stored securely and their use appropriately documented.
- Improvements to the way medicines were stored were in progress. Staff told us the more spacious facility will increase the storage availability and access for staff.

Preventing and controlling infection

How well are people protected by the prevention and control of infection?

- We were somewhat assured that the provider's infection prevention and control policy was up to date. The organisations infection prevention and control policy was currently being reviewed. Staff at the location Redannick were following the guidance and there were no issues at the time of the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help to protect people from the risk of harm or abuse. Referrals had been made appropriately to safeguard people.
- Staff and managers understood their role and duties in ensuring people were protected from abuse or discrimination. They knew how to raise safety concerns outside the service if this became necessary. Staff were confident any issues they reported to the registered manager would be addressed and told us, "[People] are safe here".

Assessing risk, safety monitoring and management

- Regular checks were carried out to maintain the safety of the environment. This included testing the fire detection system regularly and ensuring utilities were checked and serviced to make sure they were safe to use. General refurbishment was also taking place as rooms became vacant.
- Personal Emergency Evacuation Plans [PEEPS] were in place for people living in the service to aid safe evacuation.
- Staff supported people well when they exhibited behaviour that challenged others. Care plans provided staff with information about possible triggers and how best to support people to manage their anxiety.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Care plans had risk assessments in place which were specific to the person's needs. For example, mobility, risk of falls and medicines.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. For example, a recent incident had been reflected upon and changes in protocol made to reduce risks to people in the future. The way accidents and incidents were reported by staff had been reflected upon and reports changed to include more information and timelines regarding incident reporting.
- Falls audits were taking place to identify any trends or patterns and make appropriate referrals to other health professionals. Audits were now considering location and time of day and night.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We received concerns that some people living at the service had high dependency needs and staff found it difficult to meet them. Staff told us that some people's needs had significantly increased after living in the service for a long time. The service had worked with other health and social care professionals to assess current needs and find alternative more appropriate placements following best interest meetings. A staff member told us, "It's a calmer service and I feel we [staff] can support residents better."
- The service used the organisations electronic assessment and care planning system. It was effective in reporting individual needs, changes and reviews.

Staff support: induction, training, skills and experience

- There were some gaps in staff training. Updates had lapsed during the COVID-19 pandemic due to the focus on reducing the risk of an outbreak at Redannick. However, recent in-house training had taken place including health and safety and mental capacity act [MCA]. The service had recently arranged training in conflict management to support people who challenge. There was a programme in place to work through on-line and in-house training, to ensure staff had the knowledge and skills for current best practice.
- There had been gaps in formal staff support, however one to one support had been completed for all staff recently. Staff told us, "I do feel very supported and we have caught up with supervisions" and "I know they [managers] are arranging appraisals."
- Staff were knowledgeable and confident in their role. We observed many examples of staff supporting people with confidence and professionalism. One person was receiving one to one support for a significant length of time. This helped to keep the person calm and less anxious.
- Staff completed an induction programme when they started working at the service and 'shadowed' experienced members of staff, until they were assessed as competent to work unsupervised. A member of staff told us, "I have worked in care before, but you still get a thorough induction here."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people had specific dietary needs. In those instances staff had received training in lactose and coeliac management to ensure those people received the diet they required, and staff understood how the conditions could be effectively managed through the right nutrition.
- We observed people having a positive experience during the lunchtime meal. For example, staff took time to explain options with people and support them to make decisions of their choice. There was lots of laughter and a staff member making people laugh after sharing a funny reference to eating soup with a fork.
- We used a SOFI observation at lunchtime to judge whether people had a positive experience and were engaged with. All observations were positive. It demonstrated staff had the time to support people where

they needed it. Staff supported people to eat and drink at their own pace.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- Staff had developed close links with other health and social care organisations and teams when necessary. This included, GP's, chiropodists, audiometry specialists and opticians. There had been delays in some people obtaining an assessment for glasses and hearing aids, due to not having access to the service during the COVID-19 lockdown. However, these appointments were now being arranged.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Adapting service, design, decoration to meet people's needs

- Work was taking place to upgrade the service. There was a programme to replace all windows. Phase one had replaced twenty-two and was ongoing. There were four new sluice machines. Twelve rooms had been refurbished and. there were two new bathrooms and a larger medicines room which was currently being fitted out. Some lounge furniture had been replaced with wipe clean upholstery, so it was easier to keep clean and more hygienic.
- People's individual needs around their mobility were met by the adaptation of the premises.
- The layout of the service allowed people in wheelchairs to access all parts of the service.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had been through a period of instability due to the impact of COVID-19 and changes in the governance of the service. The provider had put systems in place to improve service delivery. This had been achieved through assessment and ensuring individual needs could be met by the service. Some people had required more support and had moved to services who could respond more effectively to those needs. There had also been a decision to operate at a reduced capacity. Staff told us this had given them more time to spend with people. They told us, "It has been a difficult time but it's much better and calmer now" and "Positive changes. Things have definitely changed."
- The provider had reviewed a range of quality assurance audits to ensure quality and safety at the service. A system had been implemented to look at overall compliance and safety. Audit activity included health and safety, infection control, complaints, care plans and falls. The results were analysed to determine trends and introduce preventative measures to drive improvement.
- The provider had informed the CQC of significant events in a timely way. For example, death notification, safeguards or any significant injury. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively of the service and felt recent changes had improved the outcomes for people. Staff told us, "We had a lot of people needing a lot of support. Its changed now and it has made a big difference" and "The manager is always around to support us."
- Staff commented they felt supported and had a good understanding of their roles and responsibilities. Staff consistently told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- The management team and staff took an open, honest and collaborative approach to the inspection process. They responded positively to feedback provided during the site visit and took immediate action to address the recommendations we have made in this report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were encouraged to be involved in developing the service. For example, gaining ideas about decoration and improving the environment generally.

- The service had systems and processes in place to consult with people, relatives, staff and healthcare professionals. A health professional told us the service was supportive during visits. A staff member told us, "I feel really valued and encouraged to share information and my thoughts about things".

- There had been some disruption in the engagement processes during the COVID-19 crisis. However, meetings, events and satisfaction surveys were now in place or in planning. This was to ensure the management team had a mechanism for monitoring satisfaction with the service provided.

- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Continuous learning and improving care

- The manager ensured all staff were kept up to date with any changes and how they might affect them. Staff confirmed they had been communicated with, through daily handovers, meetings and recent supervision sessions. A member of staff told us, "The door is always open which gives me more confidence to raise anything that's bothering me."

- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We are a good team, we support each other".

Working in partnership with others

- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.