



# Inspection Report on

**Redlands**

**639 Chepstow Road  
Newport  
NP19 9BN**

## **Date Inspection Completed**

29/01/2024

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## About Redlands

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HEDDFAN CARE LIMITED
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	03 November 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Not everyone living at Redlands had a personal plan in place. Those who did were found to be person centred, detailed and clear to follow. The service uses a keyworker approach to care delivery where a designated staff member works closely with each individual. There is regular access to a wide range of recreational and community activities which helps to promote people's feelings of well-being. People have control over their own lives and are able to make their own choices as far as possible. Timely referrals to healthcare professionals help to maintain people's wellbeing. Administration of medication is not sufficiently robust. The service ensures the recruitment of staff is safe and effective. Care staff receive regular supervision and training. Governance and quality assurance systems are in place that support the operation of the service. The environment is clean, warm and welcoming. People have their own rooms, which are personal to them and contain their own belongings.

## Well-being

People do things which matter to them and they enjoy. Care staff build relationships with people and seek their views and preferences on an ongoing basis. Monthly meetings are held with keyworkers to discuss and review what matters to the people they support. Personal plans of care highlight people's likes, dislikes, strengths, goals and aspirations. Not everyone residing at Redlands had a personal plan in place at the time of inspection. People are supported to access a wide range of community activities, hobbies and interests are encouraged. People decide if they want to spend their time alone or with others.

Care staff acknowledge the importance of supporting and promoting people's feelings of well-being and they strive to ensure people have access to as much choice and control over their daily lives as possible. During our visit, we saw people being asked their food and drink preferences, and others supported to have lunch out. The Responsible Individual (RI) meets residents during their visits to the service, ensuring they can contribute to how the service is delivered.

People are supported to maintain good health. Care staff know individuals well and promptly identify any changes in their usual presentation. Referrals to health care professionals takes place where appropriate and support is provided to attend appointments. The service works collaboratively with professionals to support people living at the service. Good relationships with care staff helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and care staff and management. Processes to manage people's medication and ensure they receive all prescribed medication as directed is not sufficiently robust.

People are appropriately protected from abuse and neglect. Care staff know people well and have built positive, trusting relationships with people they support. People are relaxed, happy, and comfortable around care staff. Staff complete safeguarding training which is refreshed regularly. The provider has a safeguarding policy and guidelines for staff to follow. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Risk management plans help to keep people safe and as independent as possible.

## Care and Support

The service provides person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. There were sufficient staff on duty to support people, providing care with genuine warmth and compassion. Care staff are attentive and respond to people's needs providing appropriate levels of prompting and support. We observed people appeared relaxed and approached care staff with ease. It was clear, during our conversations with care staff, they have developed detailed understanding about what matters to people and how they want their support provided.

Personal plans are not available for every person receiving care and support at the service. Two people did not have the required personal plans in place to provide clear guidance for care staff to follow. This is an area for improvement, and we expect the provider to take action. Plans for established residents include social histories about people's lives, and records people's preferences and how they want their support to be provided. Daily records of the care provided are often minimal in content and do not accurately reflect the care and support we saw being provided on inspection. The service uses a keyworker approach to care delivery where a designated staff member works closely with each individual. This enables consistency and builds relationships; this was observed on inspection. Support reviews are held on a regular basis, to discuss with people what has been achieved, what is going well and what is not going so well.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. A range of activities and positive relationships with care staff helps to support people's emotional health; the rapport between care staff and people is fun filled and respectfully familiar. We saw regular recordings of input provided by health and social care professionals.

Medication arrangements at the service are not sufficiently robust. Care staff receive training in medication management and there is a medication policy in place at the service. Medication is stored securely to ensure people's safety is maximised. Documentation to evidence safe administration of controlled medication was insufficient and action was undertaken to address this. Medication administration record (MAR) charts contained some gaps and errors, for example inaccurate medication counts and incomplete 'as required' medication records. Insufficient directions for administration of medication were noted for one person which could result in administration errors. This is an area for improvement, and we expect the provider to take action.

## Environment

The location, design and size of the premises are as described in the statement of purpose. During our visit, we found the environment to be clean. People are comfortable and content in their environment. The majority of people told us they were 'happy' living at the service and liked their rooms. We found people's rooms reflect their individuality with their possessions and keepsakes on display. Communal lounges provide people with an alternative room to spend their time. A garden area provides people the opportunity to sit out in warmer weather. The provider continues to invest in the development of the physical environment and has a detailed schedule of works for the forthcoming year.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. There is routine completion of utilities testing. The manager assured us works have been completed following the South Wales Fire Service visit. The provider has a system in place to record and monitor maintenance requests.

## Leadership and Management

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The model of care documented in the service's statement of purpose reflects the support provided. The RI conducts regular visits to the service during which they speak with residents and staff and complete the required reports. A quality-of-care review is conducted which informs improvements and the development of the service. There are on-going audits taking place which review the service. We were told there had been no formal complaints received in the last 12 months. There is a visible management team in place who are part of the day-to-day running of the service.

There are good staff recruitment practices in place. We viewed a sample of newly appointed staff and found the required pre-employment checks had been conducted. Care staff files contain employment histories, proof of identity and employment references. Disclosure and Barring Service (DBS) certificates are in place, prior to the commencement of employment and there is a process in place to ensure they are updated at the required frequency.

The majority of care staff are experienced and have gained a recognised care qualification which has enabled them to register with Social Care Wales, the workforce regulator. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Staff have opportunities for updating their knowledge via internal and external training. They told us training opportunities are good at the service. Staff supervisions are taking place as required which provide an opportunity for staff to discuss practice and career development needs with their line manager. All staff receive annual appraisals. Staff are provided with necessary support and development to perform their role. Staff are passionate about their roles; they feel valued and enjoy working at the service.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.



### Area(s) for Improvement

Regulation	Summary	Status
15	Personal plans were not available for everyone living at the service.	New
58	The storage and administration of medicines is not sufficiently robust.	New
16	Inconsistent evidence of peoples and/or their representatives involvement in the review of their personal plans.	Achieved
19	The guide to services requires update and removal of inaccurate information.	Achieved

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