



Inspection Report on

Redlands

**639 Chepstow Road
Newport
NP19 9BN**

Date Inspection Completed

03/11/2022

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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 | 18 November 2019 |
| Does this service provide the Welsh Language active offer? | 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

Personal plans of care are person centred, detailed and clear to follow. Better evidence of people's involvement in the review of their plans is required. There is a well-established and dedicated team of staff, who have good knowledge of people they support. 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. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Care staff are provided with the necessary support and development to perform their role and feel valued by management. The home is well managed on a day-to-day basis. The environment is clean, warm and welcoming. People have their own rooms, which are personal to them and contain their own belongings. The guide to services requires updating. Comprehensive governance arrangements are in place that support the operation of the service.

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. There is a well-established and dedicated team of staff, who treat people with dignity and respect. People are supported to access a wide range of community activities, hobbies and interests are encouraged. The service acknowledges the importance of supporting and promoting people's feelings of well-being and strives to ensure people have access to as much choice and control over their daily lives as possible.

People are supported to remain as healthy as possible. Care staff encourage people to make healthy food choices. 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. People are able to contribute towards their social lives as they are encouraged and supported to take part in activities in community which they enjoy.

People are appropriately protected from abuse and neglect. Staff complete safeguarding training which is refreshed regularly. The provider has a safeguarding policy and guidelines for staff to follow. There are systems in place to record accidents and incidents. 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

Care is delivered in a way that protects, promotes and maintains the safety and wellbeing of individuals. Each person has their own personal plan of care that are comprehensive, detailed and enable care staff to provide support as required. Plans include social histories about people's lives, and records people's preferences and how they want their support to be provided. They also record what language people would like their support to be provided in. People's involvement and/or their representatives in the development and review of personal plans should be clearly evidenced. This is an area for improvement and we expect the provider to take action. 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. Due care and attention is required when completing daily recordings to ensure they accurately reflect the care and support provided as identified in people's plans. The provider is in the process of introducing a bespoke digital care management system which we were told would help to address this.

People receive the support they require, as and when they need it. We observed people appeared relaxed and approached care staff with ease. Care staff treat people with respect and we saw kind and caring interactions taking place. 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.

People receive support to be as healthy as possible. We saw regular recordings of input provided by health and social care professionals. Medication arrangements at the service are effective and all medication is stored securely to ensure people's safety is maximised. Care staff receive appropriate training in medication management and there is a medication policy in place at the service. Medication administration record (MAR) charts are reflective of the medication prescribed for each individual. Care staff sign when medication has been provided. Medication audits take place regularly in order to ensure people continue to receive their medication in a safe manner.

Environment

The location, design and size of the premises are as described in the statement of purpose. People live in a clean and safe environment. The premises and facilities are suitable for the people living at the service. The environment recognises and promotes people's individuality and independence. Rooms are decorated to individual's personal taste and preference. Arrangements are in place to report and remedy faults.

Health and safety records we viewed demonstrated routine completion of utilities testing. Regular fire safety tests and drills are completed and staff are trained in fire safety. Arrangements are in place to ensure risks to people's health and safety are identified and dealt with.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The model of care documented in the service's statement of purpose reflects the support provided. The guide to services requires revision to accurately reflect what people can expect from the service. This is an area for improvement and we expect the provider to take action. The service operates smoothly and effectively and, is committed to supporting people to achieve their personal outcomes. The Responsible Individual (RI) conducts regular visits to the service and completes required reports. We viewed the quality of care reports for the service that shows oversight and areas for improvement. We were told there had been no formal complaints received in the last 12 months, we noted two informal concerns raised by residents which had been addressed appropriately.

People receive support from care staff who are safely recruited, trained and supervised. 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. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales, the workforce regulator. Newly appointed care staff receive induction and all staff employed receive regular training. Staff are provided with necessary support and development to perform their role. Supervision records confirm care staff receive regular, individualised supervision. All staff receive annual appraisals.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | 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. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | 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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|--|-----|
| 16 | Inconsistent evidence of peoples and/or their representatives involvement in the review of their personal plans. | New |
| 19 | The guide to services requires update and removal of inaccurate information. | New |

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