

HC-One Beamish Limited

Redesdale Court

Inspection report

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Date of inspection visit:
08 February 2019

Date of publication:
05 June 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Redesdale Court is a residential care home which provides nursing and personal care to up to 53 older people, including people living with dementia. 52 people were receiving care at the time of our inspection. One of the units of the home is an NHS consultant led facility where people are accommodated on a short-term basis for respite and rehabilitation care, usually following a hospital stay.

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

Staff were extremely caring. People and relatives were able to give numerous examples about how staff went "above and beyond" to meet people's needs. People were valued. Staff were highly motivated and committed; they appreciated people's individual skills, attributes and personalities. They encouraged people's independence and celebrated their achievements.

People, relatives and staff were clearly very proud of the home. Feedback about the home was consistently positive. We heard from a number of people and relatives how lucky they felt to have found the home. People, relatives and staff were invested in the home. They told us how well the service was delivered and how involved they were in running the service.

The service's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership and high standards of the provider and manager. Robust systems to monitor the service were in place so the provider could be assured that people were receiving high quality care. The manager was committed to empowering staff. The service had excellent links with the local community and used these to enhance the lives of the people who used the service.

There was lots for people to do. There was a program of activities inside and outside of the home and people could take part in independent crafts whenever they wanted to. Staff had found professional companies to provide reminiscence activities based on people's personal histories and the local area.

People told us they felt safe. The home was well maintained. There were enough staff to meet people's needs and medicines were well managed. The home was clean.

Staff were well trained for their role. People's care was planned and delivered to meet their individual needs. The home was well designed to enable people to be as independent as possible.

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

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

Rating at last inspection

At the last inspection the service was rated outstanding (published 17 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Redesdale Court

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. This inspection was planned to check 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.

Inspection team

This inspection was carried out by one inspector and one inspection manager.

Service and service type

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

At the time of our inspection the manager had applied to be registered manager with the Care Quality Commission. Their application was successful shortly after our inspection visit. 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 from the provider since the last inspection, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority, Healthwatch and three GPs who regularly visited the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the provider's regional manager, the manager, administration manager, senior care workers and care workers. Some people who used the service could not verbally communicate their experience of the care they received. 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 four people's care records and medication records. We looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

After the inspection

We asked the provider to send us some additional information to corroborate the evidence we had found.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. A relative said, "I don't worry that [my relative] is in here. I know they are safe."
- Staff understood their role in keeping people safe. They were knowledgeable in the appropriate steps to take if they had any concerns about people's safety or wellbeing. They were confident that any issues they raised with the manager would be properly dealt with.
- The manager worked well with the safeguarding team. They had shared information promptly and carried out detailed investigations when needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed and where possible mitigated. Staff had detailed information about how to reduce known risks.
- Staff understood how to support people when they displayed distressed behaviours. Staff calmly diffused situations where people were anxious. Care records related to these needs were very specific and staff used this personal information to effectively reassure people.
- Regular checks were carried out to make sure the premises and equipment were safe.
- The manager monitored accidents and incidents to look for trends. Where possible they took action to reduce the likelihood of the accident or incident happening again.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff responded to people's requests quickly. Staff had time to sit and chat with people. Relatives told us staff were always available whenever they needed them.
- Staff from other parts of the home supported people at busier times of the day. Administrative and laundry staff were trained so they could support people at mealtimes. All available staff worked together at lunch and tea time so mealtimes ran smoothly.
- Safe recruitment procedures had been followed.

Using medicines safely

- Medicines were well managed.
- People's medicines were administered by trained and competent staff.
- People received their medicines as prescribed. Medicines records were well completed. Medicines were stored securely and in line with prescriber and manufacturer's instructions.

Preventing and controlling infection

- The home was clean. Relatives told us it always looked and smelled nice.

- Staff wore appropriate protective equipment when carrying out certain tasks to reduce the risk of infection.

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.

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

- People's needs had been assessed and regularly reviewed using recognised assessment tools.
- Care plans described to staff how they should meet people's needs. They were detailed and specific. They included information and advice from healthcare professionals involved in people's care.
- The provider supported staff to embed best practice guidance into their roles and daily duties. Staff had introduced a new approach to training, documenting and monitoring to reduce the risk of pressure damage which had resulted in positive outcomes for people.

Staff support: induction, training, skills and experience

- Staff were well trained. The provider's mandatory training program was designed to provide staff with the skills they needed to meet the needs of people using the service. Training was monitored to make sure staff knowledge stayed up to date. Staff competency to carry out their roles was assessed through regular knowledge checks.
- New staff received induction training which included shadowing an experienced staff member, and being assigned a buddy to go to for advice and support.
- Staff were well supported and valued. They attended regular supervision meetings with their manager to discuss their role and the care they provided. Staff told us their views were respected and their suggestions put into practice.

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

- People enjoyed mealtimes. There was a lively atmosphere with lots of chatting between staff and people. Food was well presented and mainly home made using fresh ingredients. People and relatives told us it was tasty and high quality. The provider had invested in an innovative gelling agent which was used in pureed food. The gel made pureed meals look more appetising.
- People received meals which met their needs and preferences. People were offered choice at each mealtime. Finger foods were available which can be easier for people living with dementia to eat.
- People's weights and food intake were well monitored and when needed, any significant changes in weight were investigated.

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

- The environment had been designed to meet the needs of people using the service. Corridors were wide with places people could sit and rest. There was good use of signs to help people know where things were.
- People could choose where they wanted to spend their time, with some areas of the home being more lively and others more relaxing. The environment was stimulating, with lots of themed areas which people could interact with. For example, there was a cleaning station where people could use dusters, and

gardening stations, at an accessible height, where people could water plants and had planted seeds. These areas were particularly positive for people living with dementia as they provided items of interest for them to engage with.

- People had access to outside space in an enclosed garden area.

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

- Healthcare professionals were very positive about the service. GPs told us the service was responsive to people's healthcare needs and got in touch to make appointments in a timely way.
- Staff introduced new ways of working based on research. A new method of training, monitoring and recording had resulted in positive outcomes in preventing pressure damage.
- Staff worked with other social care services when people started or finished using the service. They worked with staff from other care homes and agencies to share information about how to meet people's needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were upheld. The service was working within the principles of the MCA. We saw staff offered people choices and respected their decisions. Where staff had concerns about people's understanding around decision making, their capacity had been assessed. Records clearly showed how decisions made in people's best interests had involved people's relatives and relevant professionals.
- DoLS had been requested for people where this was required. Records were kept of any conditions on DoLS authorisations. Where people were not subject to a DoLS they were able to come and go as they pleased.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The service continued to be exceptionally caring. People and relatives were overwhelmingly positive in their feedback about staff and the service. Two relatives approached us, saying that they couldn't finish their visit without telling us the positive impact the service had on their relative's life. Other relatives told us they had poor experiences at other care homes but that the worry and concerns they had disappeared once their relative had come to Redesdale Court. Relatives described their relief and gratitude that they had found this service. Their comments frequently included comments such as, "Fantastic" and "Exceptional".
- People were made to feel valued, special and cared for. A high tea was held for each person every month. One relative said, "The service is like going to The Savoy. It's absolutely beautiful. It is so wonderful. [My relative] can't believe that it's for them. They are going to invite some friends next month." Staff welcomed new people to the home to have the chance to get to know other people. Staff had created individual playlists based on people's favourite music on the voice activated speaker they had in the home.
- The provider continued to ensure relatives felt welcomed and comfortable at Redesdale Court. Staff greeted people warmly. Relatives were invited to share meals with their loved one. Packs of toiletries were available if relatives needed to unexpectedly stay overnight if their relative was unwell. Staff created a photo memory book for each person of them taking part in activities. One relative told us this book had relieved some guilt they felt about their family member entering care as they could see they were enjoying themselves. The memory books were sent, along with flowers and a card, to relatives when people died.
- Staff were consistently warm, friendly and considerate. They knew people very well. They had good relationships with people and relatives. Staff were cheerful and chatty, throughout our inspection we saw staff regularly checking people were okay asking people questions and using their knowledge of people's lives to engage with people. One relative said, "The staff have a lovely demeanour. They take their time. They really care. You can see that."

Supporting people to express their views and be involved in making decisions about their care

- The provider had created a culture of ownership of the service and community. People, relatives and staff displayed pride and were involved in aspects of running the home. Relatives were asked to submit questions they would like potential staff to be asked during interviews. One person who used the service was part of the interviewing panel. Some people were asked to carry out quality checks on certain areas such as the dining experience. One visitor's relative had been cared for at the service, but passed away some months ago. They still visited the service every day to deliver free morning papers to people in the home.
- A residents and relatives committee were heavily involved in the home. They held fundraising events to raise money for the home. They shared feedback and ideas about future plans for the service with the registered manager. They had recently purchased sensory items for the garden area.

- People's rights were actively promoted and person-centred care was delivered. The provider was committed to valuing people as individuals. All staff received 'Open Heart and Mind' training which was designed to enable staff to understand what was important to each individual person and empower people to make their own choices and live fulfilled lives.
- People were partners in their care. They were included in all decisions about their care. Their voice and choices were clear within the care records we viewed. People and relatives regularly attended meetings to discuss their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was protected and promoted by staff. Staff continued to be trained in equality and diversity and could explain the ways they respected and protected people's dignity when delivering care. One relative said, "The staff are very conscious of dignity. Dementia is a horrendous disease. It can strip people of their dignity but the way staff speak to people and treat them is wonderful to see." Some staff were 'Dignity champions' they received additional training and actively promoted and monitored dignity matters throughout the service.
- Staff promoted people's independence in all aspects of their daily lives. Equipment was used to aid people to eat and drink independently, such as specialised drinking cups with handles. People were encouraged by staff to do as much as possible for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could choose from a wide range of activities to take part in. A weekly activities program was in place which had been designed by people and staff together. Weekly activities included exercise classes, baking and games. There were lots of things for people to do outside of the planned activities. One of the communal areas was set up with different crafts that people could do themselves, or with their relatives. People could choose books to read or use the provider's voice activated internet device to play their choice of music or find out news and information.
- The provider invested in the activities on offer with professional companies regularly holding events in the home. A local company visited the home every fortnight to hold reminiscence sessions. They brought items with them to prompt people to share their memories and experiences of the past. The company then used photographs of people interacting with the items, and comments from the discussions to create high quality books and memory cards personalised to the home. Staff used the memory cards daily to talk with people and help people living with dementia to engage with the memories they had. Musicians and entertainers regularly held events in the home.
- People were invited on trips outside of the home. People had enjoyed recent visits to local museums and to the seaside. A very popular event was the bus conductor days out. These were trips to various local landmarks, where a conductor provided information as the bus travelled to the destination.
- The home had excellent links with local schools and nurseries who arranged activities in the home. One school project had included children meeting people from the home to write their life stories. A local nursery visited the home, and staff from the nursery and Redesdale Court had planned activities that children and people from the home could do together to get to know each other. People had enjoyed the visit so much that staff had arranged for it to be a regular event.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's needs and choices. Care plans were very specific. They described people's personal likes, dislikes and preferences and were easy to understand.
- People's needs and the care they received were well monitored. Staff completed a range of records to make sure people received the care they needed. These records meant staff could quickly identify if there were any changes or if people needed additional support. Records were well completed and used to regularly review people's care.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying,

recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including large print and easy read, where pictures were used to aid people's understanding.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's policy. Complaints had been reviewed and used to drive improvement.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. Staff worked closely with district nurses and specialist nursing teams so people could stay in the home rather than being admitted to a hospital if that was their wish.
- The provider sought to improve people's end of life care experiences through investing in innovative products. The manager told us about a product they used which could be added to a variety of drinks. An air pump was then used to create a foam. This provided a refreshing alternative to oral care swabs which were used when people were receiving end of life care.
- Relatives had sent cards praising staff for the way they cared for people at the end of their lives. Some families had asked funeral attendees to make donations to the home instead of buying flowers.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service continued to be extremely well-led. People, relatives and health professionals consistently praised the leadership and the culture of the home. We repeatedly heard words such as "exceptional", "excellent" and "proactive" when describing the staff, manager and provider.
- Staff commitment and skills were recognised and their morale was high. They told us the manager was approachable and led by example. Staff were proud of the high standards expected of them and the quality of care they provided which they consistently tried to improve. This culture of striving for excellence was supported through mentorship. Staff were assigned mentors at various stages of their careers at Redesdale Court, including during induction, when undertaking professional development courses and when promoted to new roles. The manager told us this system provided staff with support and guidance, and resulted in excellent team work, staff retention and commitment to the home.
- The provider shared their vision of delivering excellent person-centred care with people, relatives and staff. They were involved in checking and improving the quality of the service. The provider used an inclusive monitoring tool called 'One Proud Home'. People, relatives and staff were asked to observe mealtimes and activities and complete questions about the service which had been delivered. Their feedback was used to make changes and further improvements to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Robust systems were in place to make sure that people received high standards of care. A comprehensive range of audits, checks and key information about the service and people's needs were completed and regularly reviewed by the manager. Audits were carried out by a range of staff of all designations. This empowered staff to understand that quality was everyone's responsibility. The collated information was used to check expected high standards were being delivered. Where areas for improvement were identified, an action plan was created and communicated to staff. The manager monitored these action plans closely to make sure the service continued to improve.
- The provider valued the range of skills within their organisation and utilised them to make sure Redesdale Court excelled. A range of representatives carried out regular quality visits to the service including managers from other homes. The regional manager said, "We are incredibly proud of Redesdale. We think it's excellent, but we want to keep learning. We want to keep getting better. By having people with different experience and skills check what we are doing then we can put their expertise into practice and be the very best we can be."
- The provider recognised and rewarded staff dedication and performance. Staff from Redesdale Court had

won the provider's national Kindness in Care awards for their hard work and commitment to their role.

- The provider continued to support staff to embed best practice and further improve upon the care people received. The manager attended monthly meetings with senior staff from the provider's other care services to discuss any changes and share lessons learnt. Monthly newsletters were issued by the provider's Director of Memory Care Support Services, an academic in dementia care, to share best practice and innovation. Staff from Redesdale Court had implemented some learning from the newsletters including 'wellbeing stations', such as the indoor garden area. Staff had access to a resource centre, with training, policies and copies of care based magazines available. The manager and staff were members of external local and national care-based groups.

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

- The provider had created a culture of empowerment for people, relatives and staff. Throughout conversations with people, relatives and staff they described feeling part of the service, having ownership, and being proud of what had been achieved. People and relatives told us their feedback was valued. They described the ways that the service had grown and developed through their comments and suggestions. People and relatives were very impressed with an innovative laundry system which had been introduced following some lost items. One relative said, "You mention something once and it's sorted. [The manager] is so friendly. You never feel a bother talking to them about anything."
- Staff had introduced new ways of communicating with people to make sure they could share their views on the service. The manager had set up an email distribution list for relatives. This was used to share information about the home and ask relatives their views in an informal way. These emails had a much higher response rate for feedback about decisions in the home than previously received when sending letters. The manager said this way of communicating supported stronger relationships with relatives who had another way of accessing the manager if they needed to. Key information about the home was kept in a relative's communication book which family members could look through. People received a daily newsletter about life at the home and asked them for their views on different topics.

Working in partnership with others

- Staff had worked hard to build strong links with the local community. One staff member had been particularly proactive in approaching nurseries and schools and planning events which would be beneficial for both organisations. They explained that they knew from research about the positive impact interacting with children can have on some people, especially people living with dementia. People and relatives told us how much they had enjoyed these events. Staff were working with a local bus company to create an outdoor wellbeing station in the garden which included a read bus stop and displayed timetables. This was due to be installed shortly after our inspection.
- Staff worked proactively with other care organisations and sought opportunities for people to be involved in new initiatives. Staff had arranged for a local charity host a dementia art café at Redesdale Court where people who used both organisations could come together to take part in activities. Staff had applied to be part of a funded project with a local wellness organisation to increase older people's access to the local community. People had benefited from days out with project staff. The manager worked closely with commissioning agencies and staff were in the process of piloting a new tool from the clinical commissioning group to monitor people's health.
- Staff displayed community spirit. Local businesses and people who lived close to the service were invited to summer and Christmas fairs. Relatives and visitors were welcomed to weekly coffee mornings and 'knit and natter' sessions. We saw one letter of thanks from a parent of a child from a nearby nursery. They described being "overwhelmed by the kindness of staff" who had invited the nursery children in from the rain during an unexpected fire drill in the nursery. Staff had given the children towels to dry off and toast and

juice until they were able to return to their building.

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 principles of the duty of candour were embedded within the manager's practice. We saw they were open and honest in response to any complaints. Records evidenced reflective practice and transparency and striving for improvements within the home.