Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Redlands

639 Chepstow Road
Newport
NP19 9BN

Date Inspection Completed

13/02/2025

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	29 January 2024
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

People living at Redlands receive good quality care and support. The management team and support staff know the people they support well and understand their needs. We saw staff being attentive and respectful. People have opportunities to take part in a range of recreational and community activities and are supported to maintain relationships with family and friends. People have control over their own lives and are able to make their own choices as far as possible.

The service uses a keyworker approach to care delivery where a designated staff member works closely with each individual. Each person receiving a service has a personal plan which is reviewed regularly. Staff recruitment practices are robust. Staff receive regular training and supervision to enable them to perform their duties and feel valued working at the service.

There is strong leadership at the home. The responsible individual (RI) regularly visits the service to evaluate the quality of the service. There are effective quality assurance systems in place to monitor and review the care delivery. People live in a clean and homely environment. The relevant health and safety checks are up to date.

Well-being

People do things which matter to them and are encouraged to have choice and control over their daily lives. Support staff build relationships with people and seek their views and preferences on an ongoing basis. People decide if they want to spend their time alone or with others. Staff support people to maintain relationships with their family and friends and promote links with the local community. Activity provision is tailored to meet people's likes and interests. Resident meetings are held so people's views and wishes are taken on board. Personal plans do not always contain people's goals and aspirations which would give them further control over their life choices. The Responsible Individual (RI) meets residents during their visits to the service, ensuring they can contribute to how the service is delivered.

People are encouraged and assisted by support staff to be as healthy as they can be. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals. People have access to GP services and appointments with health and social care professionals are arranged. There are systems in place for receiving, storing and administering medications.

There are systems in place to help protect people from harm. People are supported by staff who have been through rigorous recruitment checks and training. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. The service is responsive in identifying and mitigating risks. The service completes risk assessments, and personal plans outline how care staff can manage risks to people's safety and well-being. Staff are also guided by policies and procedures. The provider has a safeguarding policy and guidelines for staff to follow, all staff receive regular safeguarding training. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

People live in a home that is safe and secure. There is a sign-in process to enter and leave the premises. The service is clean, clutter free and comfortable throughout. Health and safety building checks are completed and documented routinely. The management team and RI closely monitor the quality of the service to ensure high standards are maintained.

Care and Support

People we spoke with commented positively about the quality of care provided. They have developed positive relationships with staff, who support them with dignity and respect. People are encouraged to express themselves and have opportunities to follow their interests. Regular resident meetings are held so people's views and wishes can be taken on board. People have opportunities to socialise and spend time doing things they enjoy both at home and in the community.

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan which provides an overview of who they are. Plans are reflective of their identified needs and contain practical information guiding support staff on the best ways of providing care and support. The strategies for managing risks to people's safety and well-being are included. Plans require further development to ensure they are person-centred and include social histories, individual likes and dislikes and preferences for support. Ensuring the person's voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date. Evidence of people's involvement in these reviews was available. Work is underway to further strengthen plans to include people's personal goals and aspirations.

Support staff complete daily records documenting care and support provided, these can be minimal in content and task orientated. The management team are working with support staff to develop daily records to fully reflect support provided and the difference this makes to people's lives. Appropriate referrals to health and social care professionals are made with recommendations acted upon by the service. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation.

There are systems in place for receiving, storing and administering medications. We saw medication is stored safely and can only be accessed by authorised staff. Monthly audits of medication take place and these record if any medication issues have been identified during the month. Medication administration records we reviewed showed no gaps or errors made. Care staff receive medication training and competency checks are carried out. The service promotes hygienic practices and effectively manages infection prevention and control procedures.

Environment

The location, design and size of the premises are as described in the Statement of Purpose (SoP). Accommodation is located over two floors, there is a large communal lounge, kitchen/dining room and a quiet room, currently used for storage. Communal rooms are comfortably furnished and nicely decorated. There is access to an enclosed garden area providing people the opportunity to sit out in warmer weather. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging.

People live in a safe environment, with safety checks being conducted on a regular basis to identify and mitigate risks to health and safety. Arrangements are in place to ensure the environment is clean. Substances hazardous to health are stored safely. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities. Fire safety tests and drills are completed on a regular basis. Personal emergency evacuation plans are in place in the event of an emergency. The service has been inspected by the Food Standards Agency and has been given a rating of 5, demonstrating the service is rated as very good.

Leadership and Management

The SoP clearly states what people can expect, and the service reflects the contents. There are governance arrangements in place to support the operation of the service and ensure continued quality care and support. We were told there had been no formal complaints received in the last 12 months. The RI has clear oversight of the service and completes regulatory visits. The six-monthly quality of care report requires further development. The new management team has had a positive impact on the service. The management team run the service on a day-to-day basis and also monitor the quality of care provided. Support staff told us the management team are approachable and always there to help or advise.

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 completed. This included Disclosure and Barring Security (DBS) checks and gaining satisfactory references. Previous employment histories are explored as part of the selection process. This enables the service provider to make a decision about the fitness of workers at the service. There are good staffing levels for each shift, with a lot of staff having worked at the service for some time. This supports good continuity and enables staff to know the people they support very well.

Newly appointed staff complete an induction programme which includes training and shadow shifts. Support staff receive regular supervision and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Staff training records indicate support staff have access to a variety of training opportunities and they complete refresher training in a timely manner. Support staff are experienced and have gained a recognised care qualification which has enabled them to register with Social Care Wales, the workforce regulator. Staff meetings take place, promoting discussions about people's experiences and any planned changes to improve the service.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
15	Personal plans were not available for everyone living at the service.	Achieved
58	The storage and administration of medicines is not sufficiently robust.	Achieved

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Date Published 07/03/2025