

Redmill Nursing Home Care Home Service

Lady Court
East Whitburn
Bathgate
EH47 0PN

Telephone: 01501 745 777

Type of inspection:
Unannounced

Completed on:
17 April 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300850

About the service

Redmill Nursing Home is registered to provide a care service to 68 older people. The service is owned and managed by HC-One Limited. At the time of this inspection 66 people were being supported by the service.

The service is situated on the outskirts of East Whitburn, adjacent to a small private housing estate. The accommodation is a purpose-built, single storey building, situated in private grounds with a central courtyard garden.

All bedrooms are for single use and have en-suite toilet facilities with communal bathroom and showering facilities in each unit. The home is divided into three units, Forth, Clyde, and Lomond. The units are accessed from the main entrance area. Each unit has its own sitting rooms, dining room, communal toilets, and bathrooms. There is a separate kitchen, laundry, staff room, hairdresser, and offices within the home.

About the inspection

This was an unannounced inspection which took place on 15 and 16 April 2025. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 12 people using the service, spent time with others and received feedback from 9 people via our survey
- Spoke with 4 relatives and received feedback from 10 via our survey
- Spoke with 14 staff and management and received feedback from 25 via our survey
- Spoke with 2 visiting professionals and received feedback from one via our survey
- Observed practice and daily life
- Reviewed documents

Key messages

- There was a holistic approach to people's health and well-being.
- Interactions with people were warm and caring.
- The new management team had made a significant impact on the culture within the home, resulting in very positive outcomes for people.
- Staff were well supported by the management team and encouraged to develop their skills and knowledge.
- Group activities/entertainment and engagement were person centred and meaningful.
- There was an improvement plan in place to further improve the setting.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw warm and caring interactions between staff and the people they were supporting and staff knew people well. People looked well cared for in their appearance and staff spent time ensuring people were supported to look their best in line with their individual wishes. There was a good mix of living in a calm, relaxed and comfortable atmosphere but with lively and energetic periods, allowing people to be stimulated and engaged.

People's health and wellbeing benefitted from a holistic approach within the home. Regular GP and multi-disciplinary meetings and reviews were held to ensure people's physical, emotional and mental health needs were being met. Visiting professionals told us the nursing assessment and care within the home was much improved and people were being supported in line with good practice and evidence-based guidance. People had access to other health specialists such as opticians and dentists. Health promotion and screening were encouraged so that people's health needs were being continuously met.

The management team had carried out significant analysis of falls within the home and the number of falls had been reduced considerably through the improvement work taking place. This meant people could be assured that preventative measures were being put in place to improve outcomes for people, while also continuing to promote people's mobility and independence.

People's skin integrity was being well maintained and managed. Staff were proactive in limiting the development of pressure ulcers, and these measures were clearly documented in people's care plans. Daily monitoring charts, wound care assessments and treatment plans were being used appropriately and a quality assurance system was in place to monitor the effectiveness of care delivered in relation to both prevention of skin breakdown and treatment plans. Staff made referrals to appropriate professionals when needed. There were safe systems in place for medication with management oversight. Clear protocols were in place for 'as required' medication and there was regular review by the GP. This meant people experienced high quality care and support that was right for them.

There was a positive focus on nutrition and hydration within the home which had been enhanced by the appointment of a new chef who was knowledgeable about the importance of a tasty, varied and well balanced diet. Choice was promoted and people benefitted from choosing alternatives to the menu if they wished, along with good quality home baking. People could be confident that their nutritional needs and hydration were continually being assessed and new products trialled and evaluated. A trial of hydration jellies with a high vitamin and mineral content had been a success within the home as well as introducing smoothies at breakfast. Food theme nights, parties with buffets and mocktails and a freshly squeezed juice bar were all part of the plan to further increase people's enjoyment of food and mealtimes.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a relatively new management team within Redmill and residents, relatives, staff and healthcare professionals were all excited to tell us about the impact they were having on the home. They all told us that people's health and well-being had improved significantly from the positive changes made and the willingness to strive for better outcomes for people. One person said: *"Management are always available to help us"*, and a relative said *"the manager and her team are a credit to the care home and long may that continue"*.

Leaders within the service had established a permanent team of staff to care for and support people throughout each day and this meant people were looked after by staff who knew their needs well, and benefitted from close connections with them. As a result, continuity of care was very good. Some registered nursing staff were being sourced from the agency, especially at night, however regular agency staff were being used as much as possible and the management team were working to address this.

The management team were very visible within the home and modelled a team approach allowing staff to voice any concerns within a supportive environment. They also encouraged staff to share their ideas and showed appreciation for their efforts. The Clinical Service Manager spent time within the home supporting people with their care needs, escalating any concerns and promoting health and wellbeing. Staff told us that they valued the clinical leadership and knowledge of evidence-based practice to assist and train them to ensure people had the best outcomes.

Quality assurance within the home was being used to continually improve the service. Staff, resident and family meetings were being held regularly and processes were in place to seek people's views and opinions. The service had carried out a self evaluation highlighting what they were doing well and areas for improvement. Observations of practice had been carried out and there was a process in place with documented evidence of this. The management team were aware that further observations of practice would be needed to ensure staff training needs were identified and actioned.

How good is our staff team?

4 - Good

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

Staff appeared relaxed and supportive of one another, they worked well together and were enthusiastic in their work. Staff actively encouraged people to join in with the home activities and entertainment and the benefits of positive social connections and engagement were clear to see. Relatives were also encouraged and supported to be involved where they wished. Relatives commented positively on the staff team and said: *"I am very happy with the staff, they are good and caring towards my husband and they also make me feel like part of the family"*. Another relative also said: *"There is good leadership, teamwork and staff morale"*.

People could be assured that staff training was a key priority and staff had been well trained with a full programme of induction and opportunities to continually develop. This meant that staff had the necessary knowledge and skills to provide a high standard of care to people in line with their needs, choices and wishes. Key worker roles allowed staff to develop their strengths and increased their confidence.

Staff on the whole were complimentary regarding the support they received from the management team and felt valued for their work. They were clear on their roles and responsibilities and career progression and learning needs were identified with regular supervision and one to one meetings. People could be confident that staff were recruited in line with safer recruitment guidance.

Some staff and relatives told us that they felt there could be more staff to meet people's needs within the home. The management team agreed to consider this and gain feedback on where there may be gaps. Further enhancements to staffing were being reviewed and actioned.

How good is our setting?

4 - Good

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

The home was welcoming, comfortable, warm and smelled clean and fresh. People benefitted from a well decorated reception area allowing space to spend time enjoying tea/coffee and treats. The enclosed courtyard was also accessible for some people via a set of patio doors. Seating areas and points of interest had been established in the courtyard and the garden was also accessible through the dining room in Lomond. The management team were keen to encourage further use of the outdoor space and enable people to access the garden in line with their wishes. A quiet room was also available within the home.

Overall, the home was clean and the majority of equipment was clean and well maintained. Domestic staff were knowledgeable about their roles and responsibilities and all cleaning schedules were being completed with spot checks from the head housekeeper. Maintenance and fire checks were being carried out and documented. One of the relatives said: *"The home is comfortable and well maintained and it is spotless! Credit to the staff!"*.

Some areas of the home were in need of redecoration and refurbishment. This had already been acknowledged by the management team and there was an environmental audit action plan in place which included actions and timescales. Individual bedrooms within the home which were not occupied were being decorated and refurbished and bathrooms had begun to be painted by the onsite maintenance staff. We were assured by the management team that plans were in place for contractors to start the planned improvements by the beginning of May. To ensure people benefit from high quality facilities we made an area for improvement about this (*see area for improvement 1*).

Areas for improvement

1. To improve the setting, the provider should ensure their planned programme of refurbishment prioritises those areas which affect IPC in order to bring the setting up to the standard needed to promote and enable people's independence and comfort.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?**4 - Good**

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

Work had been carried out on people's care plans to review the information about what was important to people and the way they wished to be supported. There was a plan in place to roll out an electronic care planning system which would allow care plans to be accessed more easily on mobile devices. Most care plans were well written and provided clear information on how people should be supported in line with their needs and wishes.

There were a wide range of risk assessments in place and information was consistent across all documentation. Care plans and risk assessments were being regularly reviewed and daily charts for supplementary care were in place and being completed on the whole. This meant people could be assured their care and support needs were being evaluated and monitored to ensure their outcomes were met.

People's choices and wishes about anticipatory care planning were well documented and discussed at multidisciplinary team meetings. Stress and distress care plans for people living with dementia held valuable information about potential triggers and the way in which they would like to be supported during periods of stress and distress.

The use of 'remembering together booklets' helped staff to understand and support people and the activities team had received training on care planning so that they could support people and their relatives to contribute to these. The manager and staff were very positive about this and understood the value in talking with people and their families to capture what is important to people. When completed, people could be confident that staff could plan and direct care and support which was meaningful to them.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

People should be supported to get the most out each day and live a good quality life. To do this, the provider should ensure that they:

- a) implement a process to understand how people prefer to spend their day
- b) introduce meaningful activities specific to peoples likes and wishes
- c) undertake a review of the environment to ensure all areas are functional, accessible and provide a nice place for people to socialise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6); and 'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2)

This area for improvement was made on 20 June 2023.

Action taken since then

Activity and meaningful engagement for people had significantly improved within the home and relatives and other healthcare professionals commented positively on this. The service had introduced a wishing tree and we could see that people's wishes had been granted allowing them to engage in activity which was important to them and met their needs as individuals. The service were committed to ensuring these activities were sustained and were keen to enable more people to enjoy and benefit from these on a regular basis.

The activity co-ordinators had began the process of getting to know people as individuals and had undertaken training to better implement wellbeing care plans.

There had been work on the environment to create different spaces and a quiet room with the introduction of doll therapy and cleaning stations which we saw being used by people. The courtyard garden had some nice bird tables and benches with the other garden space being enhanced by a gazebo for outside events and activities. Further plans were also in place for a golf putting green and other activity stations throughout the home.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
2.4 Staff are led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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