

Ryecourt Limited

Ryecourt Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection visit at Ryecourt Nursing Home was undertaken on 23 September 2015 and was unannounced.

Ryecourt provides care and support for a maximum of 35 people who live with dementia and/or a physical disability. At the time of our inspection, the home was full. The home is situated in a residential area of Blackpool close to the promenade. There are ensuite facilities and lift access to all floors. A number of lounges and dining rooms are available so people can choose where to relax and to eat or drink.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 November 2013, we asked the provider to take action to make improvements to how

Summary of findings

potential employees were recruited. At the follow-up inspection on 16 January 2014, we observed improvements had been completed and the service was meeting the requirements of the regulations.

During this inspection, we observed outstanding approaches to care were in place at Ryecourt. The ethos of the home was to provide excellence in care. This was modelled by the leadership and employees, who continuously strived to sustain their person-centred model of care. People and their representatives told us they experienced an extremely caring approach from staff who had an exceptionally compassionate attitude.

We found, without exception, staff were sensitive and respectful towards people and engaged with individuals in an affectionate, loving manner. A staff member told us, “The best part of the job is the residents.” Staff put people first and consistently tailored care to people’s needs rather than working in a task-orientated way. We observed staff interacted with people in ways that demonstrated they mattered to them and helped them to live meaningful lives. All staff were extremely driven, with a continuous approach, to maintain and improve upon people’s care, dignity and living experiences.

The registered manager had guided staff to provide high standards of care for the benefit of people who lived at Ryecourt. Additionally, a variety of audits was completed regularly in order to monitor and sustain outstanding levels of personalised care approaches. These processes checked people’s health, care requirements and current stability levels. The provider worked with external agencies to provide excellence in end of life care. It was evident staff really enjoyed their work and performed their duties incredibly hard for the individual’s benefit. All the staff we spoke with said the registered manager was ‘loved’ by people, staff and visitors.

People who lived at the home and their representatives told us they felt safe. We observed staff had a good understanding of how to protect individuals from harm, injury and abuse. Risk assessments were in place to protect people from the potential risks of receiving care and support.

Staff worked with individuals to ensure they received appropriate support and followed their agreed care plans. They demonstrated an in-depth understanding of people and how best to assist them within their preferred methods of support. The registered manager had ensured care was responsive to the person’s ongoing needs. This was because care records were reviewed daily and personalised to the individual’s requirements. Staff effectively monitored people’s health and worked with other providers to ensure their continuity of care.

We found Ryecourt was well resourced because staffing levels and skill mixes were very high. We observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. The registered manager had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

The provider had protected people from unsafe medicines management by ensuring staff were adequately trained. We observed safe approaches were followed when staff administered medication.

We noted staff demonstrated an effective understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS documentation informed all care records, including the individual’s associated best interest documents, care plans and risk assessments. Systems were in place to protect people’s human rights and we observed staff followed their recorded preferences and diverse needs.

We found there was a welcoming and friendly atmosphere in the home. Staff we spoke with said the service was well organised and the leadership inspired them to meet high standards in place. Staff, people and their representatives were supported to express their views about the quality of the service. The management team carried out frequent audits to protect the welfare and health and safety of staff, visitors and people who lived at Ryecourt.

Summary of findings

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.

We observed staff consistently supported and engaged with people throughout our inspection with an extremely caring and safe approach. They had a good understanding of how to protect individuals from harm, injury and abuse

Ryecourt was well resourced in order to meet people's needs in a safe and timely way. For example, staffing ratios and skill mixes were high and new staff had been safely recruited.

We observed medication was administered safely.

Good



Is the service effective?

The service was effective.

People were supported by effectively trained, qualified and knowledgeable staff.

Recorded consent was in place. Staff had a good understanding of and worked within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain their nutritional needs.

Good



Is the service caring?

The service was exceptionally caring.

People and their relatives said staff were extremely caring and sensitive to their requirements. We found, without exception, staff were sensitive and respectful towards people and engaged with individuals in a respectful, courteous manner.

The ethos of the home was to provide excellence in care. This was modelled by the leadership and employees, who demonstrated a person-centred approach throughout our inspection.

The registered manager had multiple systems in place to maintain high standards of personalised care. This included in-depth care records, auditing systems and working with other providers.

Outstanding



Is the service responsive?

The service was responsive.

People were fully occupied throughout our inspection and there was an in-depth programme of activities in place.

Care records were personalised to the needs of the individual.

Information had been provided to explain to people how they could make a complaint. This included how they should expect their concerns to be addressed.

Good



Summary of findings

Is the service well-led?

The service was well-led.

We noted the home had a welcoming, relaxed atmosphere and staff told us the home was well organised.

Quality assurance questionnaires and regular team meetings were held to assist staff and people to comment upon the service.

A wide range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

Good



Ryecourt Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector; specialist professional advisor, with a social work background and experience of working with people under the Mental Capacity Act; and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for people living with dementia.

Prior to our unannounced inspection on 23 September 2015, we reviewed the information we held about Ryecourt Nursing Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns

received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority in relation to people's safety at Ryecourt Nursing Home.

We spoke with a range of people about this service. They included the provider, seven staff members, three relatives and two people who lived at the home. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Ryecourt Nursing Home. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care on two separate occasions during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Ryecourt Nursing Home and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People and their representatives said they felt safe at Ryecourt. One person discussed the homely, safe environment and told us, “I have a lovely room.” We observed staff consistently supported and engaged with people throughout our inspection with an extremely caring and safe approach. The service philosophy, and staff and management team drive, continuously aimed to maintain people’s safety and well-being.

We checked how staff recorded and responded to accidents and incidents that occurred at Ryecourt. Documents included an in-depth outline of how accidents happened and immediate actions undertaken to reduce the risk of further occurrence. Further interventions and lessons learnt from incidents were also recorded. The management team additionally completed a monthly accident/incident audit. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken. The registered manager had put systems in place to analyse and minimise the risks to people of receiving unsafe care.

People were cared for in premises that were safe for individuals living with dementia. The environment was maintained to a high specification to meet their needs and safeguard individuals who lived at the home. Keypads were in place on doors to protect people with limited or no understanding. This meant such individuals could not enter certain areas, for example stairwells and corridors, assisting staff to maintain their welfare. We observed staff were proactive in ensuring people were safe. For example, they opened and held on to doors for individuals to enter and exit. Staff used a light hand touch on their back to reduce the risk of falls.

Information about people’s support requirements was displayed in their bedrooms. Details included their medical conditions, mental capacity, potential risks and how they wished to be supported. This gave staff an immediate reference guide about the individual’s care requirements and their needs where emergency situations arose.

We found care files contained an assessment of people’s requirements, including any potential risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example,

fire safety and evacuation, equipment use, manual handling, falls and deprivation of liberty. Documentation was detailed and included thorough recording of actions intended to manage identified risks. This showed the registered manager had systems in place to minimise potential risks of receiving care to people it supported.

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated a good understanding of processes to follow. One staff member told us, “Any issues and I would report straight away to safeguarding and CQC [Care Quality Commission].” We checked training records and found staff received regular refresher guidance about safeguarding procedures to maintain their knowledge and awareness. This showed the registered manager had instructed staff to protect people against abuse. A visitor added they felt the care was excellent and their relative was safe whilst living at Ryecourt. They stated they had been made aware of what to do if they were concerned. This relative said, “I would be the first to let CQC or the authorities know if there were problems.”

When we toured the building, we observed it was very clean and smelt fresh and pleasant. There was a designated infection control staff lead, whose responsibility was to circulate information and guidance to underpin staff understanding. The registered manager regularly checked processes in place to ensure people were protected against the risk of infection. This included audits on infection control measures and monitoring of staff hand hygiene every one to two months. This showed staff were given information about the prevention of infection to keep people safe.

When we discussed staffing levels with staff and people who lived at the home, we were told these were adequate. We observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. We found staffing levels were met to a high standard because ratios were often two-to-one. A staff member said, “Staffing levels at Ryecourt are sufficient to the residents’ needs.” The provider told us, “I will put as many staff in place as are necessary. You can’t do it without enough staff in place.”

We were told management, nursing and care staff were supported by a range of ancillary personnel. This included domestic and kitchen employees and a maintenance team of seven staff working between the organisation’s group of

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four services. We reviewed staffing rotas and found they sufficiently met people's needs and we noted Ryecourt was well resourced. This was because there were appropriate skill mixes and staffing ratios were very high. For example, during our inspection 18 staff were on duty with varied skills and responsibilities who cared for 35 people. Variations in staffing numbers related to the priorities of each shift, such as appointments, activities and other service requirements.

We checked staff files and found correct procedures had been followed when staff had been recruited. We noted where staff were required to have a current professional registration in order to practice this was in place. The registered manager monitored when their registration was due to be renewed to verify they were safe to practice. Recruitment records also included reference and criminal record checks. A staff member confirmed, "I was asked for my DBS and references before I started, they wouldn't let me start before I got these."

Any gaps in employment history were checked to ensure the safe and appropriate employment of personnel. We found new employees were adequately inducted and trained as a part of their recruitment and eventual employment. A staff member said, "I had a full day's induction before starting to see if I liked the job and to understand what was involved. I felt the induction was

really helpful." The registered manager had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We checked how medication was administered to people and observed this was done in a safe, discrete and appropriate manner. We noted the staff member concentrated on one person at a time. They used quiet tones to explain what they were doing and provided a drink for individuals to swallow their tablets. We were told where people refused their medicines this was managed correctly and the GP would review the individual's needs. A staff member told us, "We try two or three times with different staff to give a different face. If this continues then we can't force them."

All staff who administered medication had received training to underpin their skill and knowledge. Medicines were only administered by qualified nurses. A nurse told us, "The chemist does the training. We work very closely with them." This showed the provider had protected people from unsafe medicines management by ensuring staff were adequately trained. The management team undertook regular audits to check and act upon any identified issues that arose with medication procedures. This process was completed by the use of a safe approach. For example, thorough audits were undertaken on each person and all records were reviewed on an individual basis.

Is the service effective?

Our findings

Staff, people and their relatives told us care provision was effective. They said this was because arrangements were in place to provide an optimum opportunity to maintain effective communication. One staff member said, "Communication is a really good, two-way process." This included daily handover meetings, a 'ward round' undertaken by nurses and updated information was displayed on the office notice board. This staff member told us, "Every morning the nurse hands over care in handover and we get told any changes. For example, if someone has a urinary tract infection, we are told to encourage fluids with that person."

Staff told us they received training to support them to carry out their responsibilities effectively. One staff member said, "All the training is scheduled in and there's different ones every week with our in-house trainer." Another staff member told us, "I'm making this a career and [the management team] are really helping me." The staff member added the registered manager had supported them through training provision and one-to-one guidance. We checked the training matrix the registered manager had in place, which confirmed staff had received training. This highlighted guidance had been provided in health and safety, food hygiene, moving and positioning, infection control and fire safety. Other training included dementia care, safeguarding and the Gold Standards Framework. The Investors In People (IIP) certificate had been renewed, demonstrating the provider's commitment to staff training. IIP is a national framework assisting organisations to improve services through the effective management and development of staff.

A staff member told us, "[The management team] does our supervision every six months." Staff said they received supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. The staff member added, "It's constructive because it helps me to develop as a person and in my role." The management team regularly carried out spot checks of staff care practices as part of the ongoing assessment of their skills.

Where issues were identified from these checks, we saw staff were provided with further training. This showed the registered manager had ensured people received support from effectively trained and supervised staff.

A range of information leaflets was displayed at the entrance for the benefit of staff, visitors and people who lived at the home. These provided details about, for example, resuscitation decisions, death and bereavement, Alzheimer's disease and cancer. Additionally, further guidance material was provided for staff in the entrance waiting room. This included effective pain management and maintaining dignity, as well as nursing and care staff research-based journals.

We found the kitchen clean and hygienic. Various records were in place and up-to-date to ensure people were protected against the risks of poor food safety. These included cleaning schedules, food safety documents and appliance temperature checks. Ryecourt Nursing Home had been awarded the highest grade of five-star rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. The cook had completed suitable food preparation and food hygiene level two training.

People were supported with their nutritional needs wherever they chose to eat. Staff sat with people and encouraged them to socialise. We noted individuals were offered a choice of meals and portion size to suit their requirements. This was provided in pictorial format to support people with limited understanding. The cook told us people with special or cultural dietary needs would be catered for. One person told us, "The food is good."

Care records we checked contained in-depth risk assessments to protect people from the risks of malnutrition. Other documents were in place to monitor people's weights and amounts of fluids/food consumed. A staff member said, "We keep an eye on residents' weights and put them on fluid charts and diet plans, such as fortified diets." This demonstrated people were protected against the risks of malnutrition because the provider had put in place effective care records.

Recorded consent was in place and documented with a decision-specific approach. For example, this included decisions related to medication, the use of restraint and for

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personal care. We observed staff checked with individuals what they wanted to drink, where they wished to sit and what they wanted to do. People were consistently offered choice and staff sought their consent whenever they supported them. Staff had a good understanding of the principals of consent. One staff member told us, “If someone doesn’t want a wash I explain calmly what I am supporting them with. I can’t make someone do something because it’s their choice.” The staff member explained they would continue to encourage individuals, whilst maintaining their dignity and respect.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There had been 26 applications made to deprive a person of their liberty. These had been completed in order to safeguard individuals from harm and were proportionate to their needs and human rights. We did not observe people being illegally or unnecessarily restricted or deprived of

their liberty during our inspection. Staff had a good understanding of the principals in relation to the MCA. One staff member said, “DoLS are put into place to protect residents and to stop us depriving them of their human rights. The right to freedom and dignity for example.”

MCA and DoLS documentation informed all care records, including the individual’s associated best interest documents, care plans and risk assessments. The nurse on duty completed a ‘ward round’ to audit and update each person’s MCA and DoLS processes. This included checks of the individual’s requirements, care planning and all associated records. The registered manager had also checked to ensure continuous supervision did not breach people’s human rights.

Where an individual’s health needs had changed, staff worked closely with other professionals to ensure they received support to meet their ongoing needs. One of the aims of the staff and management team was to keep unnecessary hospital admissions to a minimum. This was because the majority of people at Ryecourt were living with dementia. Consequently, there was a desire to support people in their familiar surroundings and to keep disruption to a minimum.

Care files contained a record of professional visits, including the reasons for this and any ongoing actions to manage people’s health. People’s representatives were kept informed about any changes or access to other providers. A relative told us, “I am told if and when any problems crop up.” The registered manager assisted people to maintain the continuity of their care and treatment by having access to other services.



Is the service caring?

Our findings

Individuals and relatives we spoke with told us they experienced exceptionally high standards of care. We were informed staff and the management team had a consistent and extremely kind attitude and approach. One person stated, “The staff look after me very well indeed.” Another person said, “The staff are all lovely people and look after me.” A visitor added, “I have been coming here at different times every week for 12 months. They really do look after [my friend].” Another relative stated, “This is an excellent home. They look after my [relative] extremely well.”

Staff told us the registered manager was ‘loved’ by people, staff and visitors. They said she was very supportive and dedicated to high standards of care, which inspired them to meet these standards. We were able to corroborate this during our observations throughout our inspection of Ryecourt. The provider had a ‘hands on’ approach and demonstrated a deep understanding of people’s needs. She told us, “I just want to provide outstanding care because people deserve it.”

The ethos of the home was to provide excellence in care. To support this, the provider worked with the Care Home Liaison Team (CHLT). The purpose was to improve end of life care and reduce the number of people unnecessarily admitted to hospital. Procedures had been introduced to support this, such as specialist training of staff and close monitoring of people’s health. This demonstrated the service was extremely caring. This was because systems were employed to ensure people continued to be cared for at Ryecourt. Here they could remain comfortable in their familiar, homely surroundings, supported by recognisable staff. The CHLT told us care provision at Ryecourt was exceptional because they were proactive in seeking additional support for individuals. They stated the provider was passionate about using innovative systems to improve people’s lives. For example, they were eager to introduce the CHLT’s new tele-conferencing system to enhance close monitoring of people’s health. As a consequence of the provider’s outstanding care, the CHLT said Ryecourt had reduced falls, infections, pressure sores and hospital admissions.

The registered manager additionally worked with the National Gold Standards Framework (GSF) in aiming to achieve excellence in end of life care. The GSF is an external organisation supporting providers to develop

evidence-based approaches to optimising care for people approaching their end of life. The registered manager and staff had received training and quality assurance assessments to check they were meeting the required standards. All levels of staff were extremely driven, with a continuous approach, to improve upon people’s care, dignity and living experiences. This included record keeping and monitoring systems to ensure a positive impact upon each person’s comfort. The home had recently received the ‘commend’ award from GSF because of high standards in place. A relative told us, “I really think this is the best home in Blackpool.”

Furthermore, the provider worked closely with the local authority contracts team in providing outstanding care. The service was required to meet standards as care providers and staff engaged with this team in auditing all related processes. The local authority told us Ryecourt was outstanding because their records were excellent and they worked extremely well in improving people’s lives. They said this was very reassuring because the provider was transparent and proactive in working with them. This had a very positive impact upon people’s care and, as a result, Ryecourt had been awarded additional funding. The local authority told us the quality of service reflected that their care was fantastic.

We observed, without exception, staff were sensitive and respectful towards people and engaged with individuals in an affectionate, loving manner. They put people first by stopping their tasks safely and responding to their needs as a priority. Staff had taken the time to get to know individuals, such as their backgrounds and preferred ways of being supported. They understood each individual’s requirements and it was clear staff treated them as family members. We observed staff interacted with people in ways that demonstrated they mattered to them. A staff member told us, “Every time you come in you say ‘hello’ and just chat. It’s always about building trust in order to get to know the residents.” Another staff member said, “The residents are my friends and family.”

Staff assisted people to live within their own reality. For example, we observed one person became very agitated, distressed and started shouting. A staff member came over to them immediately and spoke in gentle, soft tones to help them calm down. The person put their head on the staff member’s shoulder, demonstrating a sense of security. Within minutes, the individual’s distress was soothed and



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their agitation subsided. We observed a constant person-centred approach that showed staff understood what helped people. A staff member said, “You have to project yourself in a really positive way to help new residents become comfortable and to welcome them.” Staff spent most of their time sitting and talking with individuals, whilst daily support was provided very well and quietly in the background. This had a huge impact upon people’s lives because staff were enabled to spend more time with them in a social, familial setting.

Care was based upon the principals of evidence-based, best practice. For example, assessment tools were used that followed recognised research in the measuring and monitoring of people’s anxiety and/or depression. This involved staff utilising the Rating Anxiety in Dementia [RAID] assessment and the Cornell Scale for depression. These dynamic methods made a difference to individuals to live meaningful lives. For example, we observed staff supported people in ways that quickly reduced their anxiety. To maintain the person’s independence staff were guided by how the individual reacted and changed their approach to them. The nurses audited and updated their requirements, care planning and all associated records daily. The registered manager had introduced this to check care planning continued to assist people’s independence.

Associated care records and care responsibilities, such as best interest decisions, evidenced an awareness of the Human Rights Act 1998 (HRA). For example, documentation reflected people’s rights to liberty and security and the right to respect for private and family life. Spiritual, cultural and other diverse requirements had been recorded along with how individuals preferred to be assisted to meet their needs. Staff had a solid understanding of the principles of the HRA. Additionally, they had a strong awareness of working with people who had protected characteristics as defined by the Equality Act 2010. One staff member said, “If I was unsure of someone’s cultural needs I would check with the family. Everybody is different and if I did not check their cultural needs I would not be respecting them, their rights and their dignity.”

A member of staff had been trained in and assigned the role of dignity champion at Ryecourt. This individual had responsibility for identifying and circulating current good practice within the home. They told us, “We have monthly themes, including abuse. We talk to staff and invite them to discuss any concerns they have around the topic.” We

observed staff consistently knocked on people’s doors and asked for permission to enter before they went in. Additionally, we found people were assisted to personalise their bedrooms with their own ornaments, pictures and furnishings. This demonstrated the provider took its responsibilities seriously in maintaining high standards of dignity and respect in care.

The home was specifically designed to provide care in a dementia-friendly environment. For example, rooms were easy to find because pictorial signs had been placed on all rooms, including communal areas. This helped individuals to identify their purpose and their own bedrooms. A number of tools were used to assist people with memory problems. For example, old reminiscence pictures were hung on walls and televisions showed photographs of past events to remind people. A staff member said, “If I’ve been off I always check care records. Especially those who lack capacity, because by the time I come back from leave they will have forgotten who I am.”

Additionally, large print signage indicated to people the day, date, time, weather and celebratory events, such as birthdays. The menu for the day was shown in pictorial format to assist individuals further. Signs were displayed discretely in some areas of Ryecourt. They contained details to remind staff to be patient, engage with people, put themselves in people’s shoes and put people’s needs first. Staff told us they were very useful as visual aids to prompt them about what constituted high standards of care. Relatives added the small signs reassured them, without diminishing the homeliness of the environment.

Whenever employees entered rooms, they stopped to chat with people and encouraged them to engage and maintain their communication skills. We observed staff provided one-to-one and group activities throughout our inspection. They encouraged people to participate or changed the activity to suit their interests. Staff worked at the individual’s pace, whilst recognising and appropriately celebrating their skills and achievements. This was another example of staff consistently tailoring care to people’s needs rather than working in a task-orientated way. The registered manager had maintained people’s well-being in an exceptional way. This was because individuals were provided with activities that matched their own pace and suited their needs.

Staffing levels were very high to ensure there were enough employees to attend to individual needs in a very caring



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way. For example, we did not observe anyone having to wait for attention or care during the entire inspection. People confirmed this when we spoke with them. Staff were proactive and responded quickly with compassion to assist individuals to have as happy and comfortable lives as possible. The provider told us, "The staffing numbers allows my staff the time to talk to and listen to the residents. It is an important part of my policy because people need all the help they can get."

We observed staff smiling and laughing appropriately throughout our inspection. It was clear they were dedicated, enjoyed their work and passed on their job

satisfaction to people who lived at Ryecourt. One staff member said, "It is challenging, but very rewarding. It's really important to do something worthwhile and I can go home knowing I've done a good job." Another staff member stated, "I left because I wanted to try something else, but before long this job screamed at me to come back. I love it here." This demonstrated the provider had in place staff who enjoyed their work and put people first. They understood the huge impact this would have on people's lives and how it maintained exceedingly high standards of care.

Is the service responsive?

Our findings

People and their representatives told us care was personalised to their individual needs. We observed staff had a good understanding of people and consistently responded to their requirements with an individualised approach. Care records we looked at were detailed and customised to the needs of the individual. Documentation had been regularly evaluated, which meant staff were kept informed about responding to people's changing care requirements. A staff member said, "If someone deteriorates the care plan is tailored to any changes. We will assess their changing needs."

Details about people's preferences, life histories, medical conditions and wishes around the provision of support were displayed in their bedrooms. This gave staff an immediate reference guide in maintaining the individual's ongoing needs. The registered manager had ensured information was available to assist staff to be responsive to people's support requirements. We heard staff offered people choice in a consistent manner and throughout our inspection. This included staff asking people "What do you want eat/drink", "Where do you want to go", "Where do you want to sit", "What do you want to do", etc.

Care records we reviewed showed due regard for people's personal preferences, likes and dislikes. Records corresponded with the snapshots displayed on people's bedroom walls. This showed care planning, recorded individual preferences and support information was consistent. The registered manager had ensured staff were guided to support people in meeting their wishes and requirements.

A variety of charts was maintained in people's rooms to monitor that care continued to be responsive to their needs. These included positioning charts, fluid and food monitoring forms and observations of people's medical needs, general mood and location within the home. This showed the provider had ensured people's care was appropriate to their needs because staff monitored them to confirm their requirements were met. This meant people's care continued to be appropriate to their needs because staff monitored them to confirm their requirements were met.

The nurse on duty completed a daily 'ward round' to audit and update each person's requirements, care planning and

all associated records. The purpose of this process was to ensure the service continued to be responsive to each individual's needs. A staff member said, "If I have any concerns I pass them on to the nurse and [registered manager] who will amend the care plans if necessary." The registered manager had a system in place to check care provided by staff was meeting people's ongoing requirements. Additionally, staff worked with the Care Home Liaison Team in assisting to reduce the number of unnecessary admissions to hospital.

The provider had procured training for the registered nurses to carry out venepuncture and intravenous fluid regimes. Venepuncture is a medical procedure to obtain blood samples, administer intravenous injections or insert a needle to attach intravenous fluids. This further demonstrated the provider implemented systems that could contribute to reducing unnecessary hospitalisation of people who lived at Ryecourt.

We observed a range of activities was provided throughout our inspection. This included one-to-one, group, planned and ad hoc sessions. Staff spent most of their time simply chatting with people and used approaches that supported the reality of the individual. Activities ranged from just walking with people, fun physical exercises involving inflated balloons, dominos, board games and drawing/colouring in. Appropriate music was played in the background. Televisions in communal areas showed photos of past events and parties to remind people of those celebrations. People were also supported to go outside for walks down the promenade and regular trips were organised.

We found the complaints policy the provider had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. A staff member told us, "If anyone had a complaint I would speak to [the registered manager] immediately." This showed staff and people who lived at the home were supported to understand procedures in place.

At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. Relatives told us they had been made aware of how to comment about people's care if they chose to. However, people and visitors we spoke with told us they had no problems or concerns to raise.

Is the service well-led?

Our findings

Everyone we spoke with told us the registered manager was 'loved' by people, staff and visitors. They said she was very supportive and dedicated to high standards of care. Likewise, the provider had a 'hands on' approach. Despite having responsibility for four services, she had a detailed understanding of everyone who lived at Ryecourt and their requirements. A staff member said, "[The registered manager] is like the mother to all the staff and residents." Another staff member told us, "The owner is hands on and they do look after their staff."

Individuals who lived at Ryecourt had complex needs and often demonstrated behaviours that challenged the service. We observed the management team worked in an open and transparent way in supporting staff to maintain people's health and welfare. The atmosphere in the home was welcoming, friendly and relaxed. Staff said they felt the service was well organised and suitably managed. One staff member told us, "I am very happy here as it is a great company and place to work for." Another staff member added, "I feel it is a very well-managed home." A third staff member stated, "I feel very well supported by [the registered manager]. It helps me to do my job well."

Window restrictors were in place to prevent people from the risk of harm or injury. We checked water temperatures throughout the building and noted water was delivered at a safe temperature. Additionally, the registered manager recorded water temperatures regularly to protect people in line with health and safety guidelines. The service's gas and electrical safety certification were current. Additionally, fire safety and environmental health and safety checks were regularly undertaken. This meant the provider had systems in place to maintain people's well-being and protect them from an unsafe environment.

We found people and their representatives were supported to comment about the quality of the service through satisfaction questionnaires. We reviewed completed forms from the last survey, which was very positive about care, the environment and staff/management attitude. Comments seen included, "Clean, fresh, with friendly, efficient staff"; "Praise should be given to all staff"; and "Meals are excellent."

Staff were additionally assisted to comment about the quality of the service. One comment we saw was, "Love the

staff and how we work well." Regular team meetings were held for staff and the management team to discuss any concerns. The purpose of this was to explore ways to improve the quality of service people experienced. Staff told us they worked very well as a team. One staff member said, "We work really well together and treat each other with respect. We're happy staff here." Another staff member said, "I think the management are really friendly and make us feel like a family."

A wide range of audits and systems were in place to monitor service quality assurance consistently and continuously. The management team worked closely with the National Gold Standards Framework (GSF) to achieve excellence in end of life care. The GSF had recently awarded Ryecourt a commendation for the high standards maintained. The provider carried out additional checks throughout the year to ensure staff continued to meet the requirements of the GSF standards.

Further audits covered the monitoring of fire safety, infection control, care records and medication. The registered manager undertook spot checks of staff in relation to care practices. These included care provision, hand hygiene and their knowledge in relation to infection control. We noted identified issues were acted upon and followed up at subsequent audits. This demonstrated the management team checked and addressed concerns to maintain service quality and people's safety and welfare.

Additional audits included an extremely in-depth check, analysis and review of accident and incident management. The management team also worked with the Care Home Liaison Team to ensure people were cared for within the home. The purpose of this was to monitor the service's efficiency in reducing unnecessary hospitalisation of people who lived at Ryecourt. The nurse on duty further completed a 'ward round' to audit and update each person's requirements, care planning and all associated records.

The provider had put in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices. Staff were required to read policies and sign their understanding to assure a safe and effective service delivery.