

Dukeries Healthcare Limited

The Ridings Care 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection took place on 21 and 22 January 2015 and was unannounced.

We last inspected The Ridings in February 2014. At that inspection we found the provider was not meeting all the regulations in relation to the care and welfare of people who use services. Following our February 2014 inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found that these improvements had been made.

The Ridings is an 83 bed nursing home supporting people with dementia including working age dementia. The building is divided into six separate units referred to as 'households'.

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

People who could tell us told that they felt safe living at the home. Relatives that we spoke with told us that their family member was safe and well cared for at The

Summary of findings

Ridings. Staff understood their responsibility to take action to protect people from the risk of abuse and harm because the provider had systems in place to minimise the risk of abuse.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had taken action and where needed. Staff spoken with had an understanding of the MCA and DoLS and had received training so they knew how to protect people's rights in line with this legislation.

During our inspection we saw many positive interactions between staff and people that lived at the home.

Staff knew about people's needs. Staff received the appropriate training to enable them to deliver care safely and effectively.

People, relatives and staff told us that there were enough staff to care for people and keep them safe. However, we saw that the staffing arrangements at mealtime on one household meant that some people waited to get the staff support they needed.

People received their medication as prescribed and medication was stored safely.

People were supported to take part in individual hobbies and interests.

Arrangements were in place so that the manager responded to people's complaints and took action to improve the service.

There were some systems in place to assess, monitor and develop the quality of the service. This included seeking the views of people and their relatives. Some improvements were needed to medication administration systems and the arrangements in place to ensure all people received timely support at meal times.

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.

People who could tell us told us they felt safe.

There were arrangements in place to manage risks and minimise the risk of harm.

Staff recruitment systems ensured only suitable staff were employed and safe staffing levels were provided.

Good



Is the service effective?

The service was effective.

Staff understood Mental Capacity Act and Deprivation of Liberty Safeguards so that people's rights were protected.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

Good



Is the service caring?

The service was caring.

People said staff were caring and kind to them.

Staff took the time to speak with people individually, encouraging them to make decisions about their care.

People said the staff maintained their dignity and independence.

Good



Is the service responsive?

The service was responsive.

People were supported to participate in group and individual activities that they liked.

The provider responded to complaints appropriately.

Good



Is the service well-led?

The service was not consistently well led.

People and their relatives were happy with the quality of the service they received.

People said the manager and staff were accessible, friendly and helpful.

Quality assurance processes were in place to monitor the service. Some minor improvements were needed to some systems so that people received a consistently good service.

Requires improvement



The Ridings Care 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 took place on 21 and 22 January 2015. The inspection team included two inspectors. The first day of our inspection was unannounced. On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. One inspector returned to the home the next day to look in more detail at some areas and to look at records related to the running of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested.

We also reviewed all of the information we held about the home. This included statutory notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with the Local Authority who are responsible for monitoring the quality and funding many of the placements at the home and they told us they had no concerns. We spoke with four healthcare professionals after our visit to the home and they told us they had no concerns.

We spoke with 12 people that lived at the home. We were unable to speak with some people due to their limited verbal communication skills so we also spent time observing people's care in the communal areas of the home. We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We spoke with 12 relatives, 12 staff including care staff, senior staff and nurses and the registered manager. We looked at eight people's care records and other records that related to people's care to see if they were accurate and up to date. We also looked at medication records, staff employment records, staff training records, and quality assurance feedback and audits, complaints and incident and accident records.

Is the service safe?

Our findings

All the people we spoke with and their relatives told us that they were safe living at the home. One person told us, “It is safe, it is warm and I am comfortable”. Another person said, “I do feel safe living here”. A relative said, “I couldn’t wish for better, [person’s name] is safe living here”.

One person told us, “I have never heard staff be rude or shout”. All staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse, and also knew the lines of reporting within the organisation. All staff told us that they had completed safeguarding training. Senior staff we spoke with told us that they understood their responsibility to challenge poor practice and to share information of concern with management.

The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

People and their relatives felt that risks to their care were identified and managed appropriately. The staff we spoke with showed that they knew the people that lived in the home and the support individuals need with their care and how to manage any risks. For example we asked staff about how they supported people who were at risk of falling and staff told us what they did to ensure the risks were reduced. We saw that equipment was used to reduce risks to people. A bed replacement programme was in place and many beds had been replaced with specialist beds that provide greater safety and comfort for people. Pressure relieving equipment was in place so risks of sore skin were minimised. People’s care records included information about how risk should be managed by staff and included risk assessments for mobility, falls and pressure care.

We spoke with staff about the procedures in place for handling emergencies and they described to us what they would do to ensure help was provided quickly. We saw that arrangements were in place that ensured a safe environment was provided through health and safety audits and risk assessment of the environment and maintenance and checks on equipment.

People who could tell us their view said that there were enough staff to meet their needs. All the relatives told us

that there was enough staff to meet people’s needs and staff were always available in communal areas of the home. Staff told us that most of the time there was adequate staff and if staff were sick or on holiday’s managers always tried to cover the shifts. A staff member told us, “People are safe here we are offered extra shifts when staff are off sick”. The manager told us that they had a system in place for determining staffing levels and this was based on people’s dependency levels.

All staff spoken with told us that employment checks were carried out before they started to work at the home. These included a police check and references so that the provider could assess their conduct in their previous employment to determine if they were suitable to work at the home. Records looked at confirmed that systems were in place to ensure only staff that were suitable had been employed.

We spoke with three people about the support that they received from staff to take their medication. They told us that they received their medication on time, and that they knew the medication they were taking and what it was for.

We looked at the systems in place for medicine management on three households to ensure people received the medication they needed. We spoke with two senior staff member responsible for medicine management who told us the steps they had taken to ensure people were supported to take their medicines safely. We saw that medicines were stored safely and records were kept of medicines received. We looked at eight people’s Medication Administration Records (MAR) and we saw that these had been completed to confirm that people had received their medicines as prescribed. We saw that protocols were in place to instruct staff in what circumstances medicine prescribed as ‘when needed’ should be given although the information was brief. Most staff spoken with knew when medication prescribed on an ‘when needed’ basis should be given. We spoke with a senior clinician responsible for prescribing ‘when needed medication’ for a number of people who lived at the home. He told us that staff responsible for medication administration understood the circumstances when medication should be given on an as needed basis. He also told us that senior staff at the home were proactive in trying to reduce people’s medication.

Is the service effective?

Our findings

People that we spoke with told us that they were happy with the service provided and what the staff did for them. One person told us, “The staff are very good they listen to you and understand your needs”. A relative told us, “The staff seem very good and know what they are doing. Yes I would say they are well trained to do the job”.

All the staff we spoke with told us that they had completed training to ensure that they had the skills and knowledge to provide the support people needed. A staff member told us, “We have good training, especially dementia training, it really opened my eyes”. Another staff member told us and we saw records confirming that training on Parkinson’s diseases was being planned. Two staff we spoke with told us that they had completed an induction when they first started working at the home and they told us that this prepared them for their role. Records we looked at confirmed that training had been provided in a variety of areas including moving and handling, safeguarding, fire safety and also training specific for nurses including tissue viability and death verification. This showed that staff were supported to have the skills and knowledge to carry out their role effectively.

Most staff spoken with were knowledgeable about people’s needs. One staff member was working on a different unit and had not been fully aware of how a person’s needs should be met safely. However, we saw that with the support of other staff members this was resolved and the person received the care that they needed to meet their needs safely.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty. The manager had a good understanding of this legislation and told us that application had been made to the local authority where they believed there may be restrictions in place and they were waiting on the local authority to respond back to them.

All the staff we spoke with had an understanding of the MCA and DoLS and told us they had received training in this area. They told us in addition the manager had completed

briefing sessions for staff so they understood the implications of this legislation in respect of their role. “There is a lot to take in with DoLS, however [Managers name] explained to us in a way that we could understand”. The manager had ensured that staff was provided with important information about legislation in a way that was meaningful to staff in their role within the home.

We observed meal times on three households. On two households we saw that meal times were well organised. People were given a choice of food and drink and received the support they needed from staff to eat safely. People who were able to speak to us told us that they liked the food. One person told us, “That was lovely”. Another person told us, “I enjoyed that food it gives you energy”. On one household we saw that people were invited to come to the trolley serving food to select exactly what they wanted and how much. We saw on two households that staff assisted people to eat in a kind manner at the persons pace. However, on one household we saw that a number of people needed support at the same time and the way that the meal time was organised by staff meant that staffing availability to help people who needed support was limited. Some people waited for assistance and their meals were left in front of them to go cold. Staff did reheat meals for people and eventually supported all the people who needed help. The manager told us that would look at how the meal time on this household could be managed more effectively. We saw that four weekly menu were displayed and were also in picture format so they were easier for some people to understand. All staff we spoke with knew the importance of encouraging people to maintain a healthy diet and sufficient fluids to prevent illness.

People who could tell us told us that they saw a doctor when they needed to. Staff told us that they worked with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP’s, specialist health care teams and consultants. Records looked at had information about referrals to health care specialist including speech and language and dietician service. On the day of our inspection people were supported to attend hospital and health care appointments. One person was supported to attend a dental appointment. There was also records showing GP input and any follow up treatment needed. We spoke with four health care professionals and we received very positive feedback about the home. They told us that staff make appropriate referrals to specialist

Is the service effective?

healthcare services. They told us that when they visited the home staff knew people's needs well, and followed their advice and instructions. This ensured that people received the healthcare support they needed.

Is the service caring?

Our findings

All the people we spoke with told us that they received a service that was caring. We saw that people were shown kindness. Staff were friendly and patient. We saw that staff took time to sit and speak with people. One person told us “The staff are good and they listen to you”.

People told us and we saw that their privacy, dignity and rights to independence was respected and promoted by staff. People were able to spend time alone in their bedroom and there were choices of communal areas where people could chose to sit. We saw that staff ensured that toilet and bathroom doors were closed when they were in use.

All the relatives we spoke with told us that they believed the staff and the managers were kind and caring. “A relative told us, “It’s very good, the care is excellent [Person’s name] is very well looked after. The staff are very kind”.

People we spoke with told us that staff knew them well and were aware of their needs. One person told us, “The staff are very good they know my needs well”. Records that we looked at had some information about people’s lives, family, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories so they had some understanding of people’s needs and how they wanted to be cared for.

Some people at the home were living with dementia and could not tell us about their experience. We did a short observation in the lounge of one household, where we observed people and staff supporting people and their interactions were positive. We saw that people who could not use verbal communication were included in what was happening equally to those people that were able to use verbal communication.

We saw that people were involved in their own care and making decisions. Staff that we spoke with gave us examples about how they encouraged people to make decisions. Staff told us they encourage people to make choices about food, drinks, clothing and how people want to spend their time.

All the relatives we spoke with told us that they were able to visit the home at any time. A staff member told us, “Relatives are free to visit any time and some relatives chose to stay until late at night with their family member, and this is welcomed”. During our inspection we saw that visitors were free to visit the home without restrictions and we saw many visitors over the two days we inspected. There was a pleasant reception for visitors to use with helpful information displayed including the contact details of managers or the person in charge. We saw that there were useful leaflets and information about dementia for visitors to read and take away if they wanted to.

Is the service responsive?

Our findings

All the people and relatives we spoke with told us that staff consulted with them about their care. One person told us, “I get up anytime I want, I get up myself. These ladies are lovely they are very nice. They don’t tell me what to do”. Another person told us, “Staff always tell me what they are doing and ask me about my care”.

Relatives told us that the staff had been responsive to their family member’s needs. A relative told us, “He is being looked after really well, the staff are very kind. They are brilliant with him.” Another relative told us that staff had asked the GP to refer their relative for physiotherapy and this had helped their relative to walk again. Another relative told us, “The staff listen to you and they respond to what you’re saying; if my relative needed the GP the staff would make sure they were seen.

People’s needs were assessed with their involvement when they moved into the home so that the provider knew whether or not they could meet people’s needs. Staff spoken with told us that they gathered information about people’s needs before admission to the home. Staff told us that unit managers always discussed people’s needs with them before admission so they knew how to care for people and meet their needs. The provider told us that new documentation was to be introduced including pre-admission documentation and this would ensure that more personalised information was captured.

We saw people taking part in social activities in the home. One person told us that they went out to the local shops with a staff member so they could buy a newspaper. Another person told us that they liked to spend time in their own room. We saw a cake baking and art and craft session taking place. There were two staff employed with designated responsibility for supporting people with their social activities and interactions. They told us there was a programme of different activities which included arts, crafts and Zumba and that activities in the local community also took place including walk for life. This showed that people were supported to take part in activities that were of interest to them.

All the people and relatives we spoke with told us that they knew what to do and who to speak with if they were unhappy about something at the home. A person told us, “I can speak to any of the staff if I need to”. A relative told us, “They phone me and let me know everything that is going on with [person’s name]. The manager has been wonderful. There was a problem with the bedroom when they first moved in and it was sorted out straight away”. This showed that people were encouraged to express any concerns they had and they were listened to.

We looked at the record of complaints since our last inspection. This showed that complaints received by the provider had been investigated and responded to appropriately. All but one had been resolved. This showed that arrangements were in place to ensure complaints were dealt with and resolved in a timely manner.

Is the service well-led?

Our findings

We last inspected this service in February 2014. At that time we found that the home had breached the Health and Social Care 2008, Regulation 9. We found that some care needs had not been included in people's care plans and there was a risk of staff not knowing these needs. At this inspection we found that steps had been taken to ensure the provider met the requirements of the regulations. People's records we looked at gave staff the information they needed. Staff that we spoke with knew people's care needs. The provider told us in the PIR that they were in the process of introducing a new care planning system with greater emphasis on people's personal preferences and independence. The process was being piloted in another location and would be introduced to The Ridings following consultation with people who live in the home and staff.

Support systems were in place for staff. Staff told us that they could go to the unit manager or the manager if they had any concerns. All staff that we spoke with told us that the manager was approachable. A staff member told us, "The management are really good, if we have a problem we just go to the nurses or the managers." Unit managers told us that they always shared information about concerns or risks with the manager. They told us that the manager walked around the home daily and knew what was happening in the home.

The provider had a clear leadership structure which staff told us they understood. A manager was in post and had worked at the home for four years and this had provided consistent leadership. They were registered with us as this is a legal requirement. People who lived in the home and their relatives said they knew the registered manager and would be confident speaking to them if they had any concerns about the service provided. A person told us, "It's a well-run place, you're looked after". Another person told us, "The manager seem very good".

All the staff we spoke with told us what they would do if they witnessed bad practice in the home. They told us that they would report any concerns to the manager and staff were confident that any concerns would be dealt with.

During our inspection we saw that both the manager and deputy had a visible presence in the home, for example

they frequently spoke with people and staff in all six households of the home. All the people, relatives and staff that we spoke with confirmed that the manager was approachable.

The manager had ensured that they were aware of and had fulfilled their legal responsibilities. Information they were legally obliged to tell us, and other external organisations such as the Local Authority, about had been sent.

We saw audits of accident and incidents, care records, medication, infection control and health and safety. This ensured that the provider was monitoring the service and could identify potential risks. We saw that where needed action plans to drive improvement were in place and learning from events had taken place. We had referred some complaints back to the provider to investigate and we were able to see that investigations had taken place and any action that had been taken was clearly documented. We identified during our inspection that some improvements were needed to medication administration systems to ensure safe practice. For example we saw that protocols for 'when needed' (PRN) medication were available but the information for staff was brief. We also saw that handwritten MAR records had not always been witnessed by a second staff member to ensure accuracy. The manager told us that they had identified that some improvements were needed to medication administration systems and that the medication policy and procedures were due to be reviewed. We also identified that the arrangements in place to support people at mealtimes on one household needed improvement so people got timely support from staff. The manager assured us that they would review the arrangements to ensure people received timely and effective support at meal times.

The provider told us in the PIR that they will be implementing a new audit system and there will be a greater emphasis on unannounced visits by the providers representative to ensure that care practice meets people's needs. They told us that they were also implementing a trend analysis reporting system across all the providers' location. This is to assist managers with sharing best practice and resources so that services are more effective.

We found that there were some quality assurance systems in place that enabled people and relatives to share their views about the running of the home through audits and surveys. Some relatives meetings had taken place however they had not been well attended. The manager told us that

Is the service well-led?

they believed this to be because the home had an open door policy so relatives could speak with unit managers or the registered manager when they needed to. Relatives that we spoke with confirmed this. An annual survey was also distributed to people's relatives and the findings were analysed and shared with people. The findings of the

surveys were generally favourable and reported on any steps they had taken to make improvements including improving laundry, refurbishment of the building and on-going work with the local community to promote the presence of the service.