

Lann-Glayo Care Limited

Rydal House

Inspection report

6 Spratslade Drive
Longton
Stoke-on-trent
ST3 4DZ

Tel: 01782330854

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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?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rydal House is a residential care home providing personal care to up to 8 people. The service provides support to adults with learning disabilities or autistic spectrum disorder, dementia, mental health issues, sensory impairments and physical disabilities. At the time of our inspection there were 6 people using the service.

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

Right support

People and relatives told us they were happy with the décor of the care home, and people told us they were able to decorate their own bedrooms.

There were enough suitably trained staff to support people and pre-employment checks had been carried out, although not all identification details were kept in staff files.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People chose how to spend their day and staff encouraged people to make their own decisions.

Staff managed people's medicines safely and empowered people to manage their own medicines where possible.

People were involved in their own care and staff supported people to remain healthy. Staff encouraged people to have a healthy diet.

Right care

Some people may not have been able to understand all their care documentation but this was detailed and people had no concerns about how care staff supported them. People could communicate with staff and staff were patient with people when trying to interpret their needs where communication was more difficult.

Staff were kind and understood how to support all the people in the home. Staff promoted people's dignity and privacy.

Staff knew how to keep people safe from abuse and the training and policies in place supported staff to do this.

People's care folders were personalised and reflected each person's interests and goals to promote their wellbeing.

People were involved in assessing risks and staff were promoting positive risk taking.

Right Culture

Staff knew people well and worked with people to identify their own goals. Although some delays from professionals has potentially led to poorer outcomes for 1 person, the registered manager told us how staff worked together to support the person.

People were supported to maintain links with family in line with their own wishes. Relatives told us there was open communication with the registered manager.

People were encouraged to lead fulfilling lives and staff told us how they were trying to promote people's independence.

People were encouraged to engage with the community and links with community groups were promoted. People regularly accessed the community to participate in activities as well as accessed local amenities.

People were included and involved in the home and their views were considered through open communication as well as regular resident meetings.

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

Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rydal House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Rydal House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Rydal House is a care home without nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We sought feedback from partner agencies and professionals and we used information gathered as part of monitoring activity that took place on 2 August 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people living at the service and 3 relatives. We spoke with 5 members of staff including the registered manager, deputy manager, senior care staff and care staff. We reviewed a range of records, including 3 people's care records and multiple medicine records. We looked at 3 staff recruitment files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Not all environmental risks had been identified and rectified as we found 1 window, in an office, without a compliant window restrictor fitted. The registered manager was responsive to our feedback and resolved this swiftly by having a window restrictor installed to remove the risk.
- Risks were assessed and planned for to keep people safe.
- Care plans were detailed and risk assessments were in place. People were supported in line with their assessed needs, and referrals were made to health care professionals when needed.
- People had Personal Emergency Evacuation Plans (PEEPS) in place so staff knew how to support people in the event of an emergency, such as a fire. Fire drills took place with staff and people. One person told us they had been involved in a fire drill, "We have to stand across the road."
- Staff told us they were involved in regular fire drills. One staff member told us, "We did a fire drill on Monday. That is recorded in the fire logbook, it jogs people's memory as well...we all know what exits to go out."

Staffing and recruitment

- There were enough safely recruited staff.
- Staff files did not all contain photographs or copies of identification documents. The registered manager told us they had viewed identification documents but was receptive to our feedback of keeping photos and copies of identification documents on file.
- The registered manager carried out Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also obtained from previous employers to make sure staff were suitable for the role.
- The registered manager told us they had enough staff and agency staff had not been used while they had been the registered manager, "We cover all sickness and holidays ourselves." Staff told us they felt there were enough staff. One member of staff told us, "We are fully staffed at the moment."

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from abuse and policies in place supported this.
- People and relatives told us they felt safe. One person told us, "I feel safe." Another person told us, "I have no worries here."
- Staff understood how to keep people safe from abuse and how to report their concerns, staff felt confident in being able to access safeguarding and whistle-blowing policies if needed.

Using medicines safely

- People received their medicines safely by trained staff.
- Some people were able to manage their own medication, and staff supported where needed.
- Staff understood how to manage people's medicines and how to support people to manage their own medicines where possible. One staff member told us, "[Person's name] administers their own medication [medicine]... it works really well - [Person's name] feels in charge of their own medication [medicine]."

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were able to visit people without restrictions and in line with current guidelines.

Learning lessons when things go wrong

- Systems were in place to record and analyse accidents and incidents and where concerns were highlighted, actions were taken to reduce risks, such as referrals to appropriate organisations.
- The registered manager had started addressing areas identified in the Infection Control Audit carried out by an NHS Trust nurse.
- The registered manager was receptive to our feedback and started addressing areas we identified during our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to decorate their own rooms how they wanted. People were happy to show us their rooms and how they had personalised them.
- People and relatives we spoke with, told us they were happy with the interior decoration of the home.
- One relative told us, "The home always seems clean in the public areas and decently decorated."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had personalised and person-centred care plans and risk assessments in place to meet their identified needs.
- People told us staff supported them with care if this was needed, "I tell staff if I want any help."
- People told us they were able to participate in activities they wanted to do and some people had jobs. One person told us staff were supporting them to find a suitable job, staff confirmed this.
- One person told us they wanted to do more activities, "I like swimming and will be starting soon."

Staff support, training, skills and experience

- Staff were suitably trained to support people.
- People and relatives felt staff had the necessary training.
- Staff updated their training and had regular spot checks. Staff told us they had supervisions which they felt were supportive. One staff member told us, "I have had an appraisal and supervisions... they are beneficial and concerns are acted on."

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

- People were supported to eat and drink enough, and a healthy diet was promoted.
- People had input into the food shopping and had a choice of what they wanted to eat.
- People could access the kitchen to make meals and drinks, and staff would support if needed. One person told us, "I choose my dinner, if I want it in or out [of the home] ... Sometimes I have a takeaway and sometimes I cook... We take it in turns [to cook] but I will do cooking every day, they [staff] keep their eye on me with the cooker."
- One person liked to make others drinks and was observed asking staff, people and visitors whether they wanted a drink and then made the drinks as requested.

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

- Staff worked with other healthcare services to seek appropriate support for people.
- One person told us, "I went to the dentist yesterday. I just tell the staff if I need a doctor or dentist."
- Relatives felt confident staff would support people to access support when needed.
- Staff supported people to access routine medical appointments and dental care. We observed people being supported to healthcare appointments while we were visiting the home. Staff made referrals to other agencies when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff encouraged people to make their own decisions and were involved in completing capacity assessments and best interests' decisions.
- One person told us, "I can get up and go to bed when I want. I watch films with them [other people] and I watch telly on my own."
- The registered manager had made appropriate DoLS applications for people who needed this level of protection to keep them safe and meet their needs.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated in line with equality characteristics as outlined in the Equality Act 2010, including disability, religion or belief and sexual orientation.
- People told us they felt staff were kind to them. One person told us, "The staff are all nice and friendly." Another person told us, "I love all of the day and night staff. I am not worried about how anyone is treated."
- Relatives felt people were treated with kindness and respect. A relative told us, "I have found staff pleasant and supportive of people."
- The registered manager told us they discussed with people about treating others fairly no matter what their sexuality, "We will discuss with people and try to explain things openly as things like that get raised."

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

- People were involved in their care and care planning. One person told us, "Staff write in and I sign."
- One staff member told us, "Residents have monthly meetings and have input into their care, activities and what they want for meals. It is positive how much input they have. They tell us if there is something they want to do or something they do not like and we listen to them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and their independence promoted.
- People were involved in the daily activities in the home, such as; people cleaning their own rooms, doing their own laundry, making drinks and meals in the kitchen, and going shopping. People were supported to find jobs, as well as enabled to use public transport to get there and back where possible.
- One person told us, "The best thing [about living here] is I can help out more around the house with cleaning my bedroom and cooking meals. I work and catch a bus [to work and back] on my own."
- Some people in the home wanted a pet. These people were responsible for looking after the pet. One person told us, "Me [and other people's names] are responsible for [pet's name]. Every week we have to clean [pet's name's] cage out and in the day and after tea we let [pet's name] play and then say goodnight."
- Staff told us they would knock on bedroom doors and ask people if they could enter their bedrooms. Staff also told us they would support people with personal care in their own rooms or in the bathroom.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans would not have been accessible to all people. The registered manager was receptive to our feedback and had started to work with people to help them to make their own care plans that they understood and could share and explain to staff supporting them.
- Staff were familiar with people and how they communicated and continued to develop this with people.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People had detailed care plans in place and were supported in line with their own preferences and beliefs.
- People were supported to participate in activities that interested them, for example, swimming, the gym, and the pub. One person told us, "I am happy with the things I do – I go to [place name] on my own. I take [person] to work. I go out on my own. I go to church on Sunday morning."
- People were supported to maintain relationships with their family. One person told us, "I have holidays with [relative] and other family too." A relative told us, "[Person's name] is happy there. [Person's name] likes coming [to my home] and likes going back."
- A staff member told us, "I respect what people want to do; put people in charge of their own life. I put their views, beliefs and religion before my own."

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints but told us how they would respond.
- People and relatives felt able to raise any issues if needed because they felt staff would listen and act on any issues appropriately.
- There was a complaints procedure in place if needed.

End of life care and support

- No one was receiving end of life care at the time of our inspection, but some staff had received training on this and knew how to support people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to set and achieve their own goals. One person told us, "[The registered manager] has helped to make us more independent, I like that." A relative told us, "[The registered manager] is a very good manager."
- People were involved in the home. For example, people took part in residents' meetings. A staff member told us, "The people do get involved. They have a residents meeting; any concerns can be brought up and they will discuss what they want to do."
- The registered manager told us how they had empowered staff to have input into the service, to make some decisions without management. Staff told us they felt listened to when they had suggestions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and told us they would be transparent and honest with people and relatives, "If something has gone wrong, whether we are responsible or not, we apologise and explain what has gone wrong."

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

- Quality audits were completed and actions taken if issues were identified.
- Staff understood their roles and felt supported by management. A staff member told us, "[The registered manager] is very approachable. They would act on anything I raise." Another staff member told us, "[The registered manager] is approachable and supportive, they are hands on."
- A relative told us, "I think [the registered manager] manages it [the home] well... There was not a lot going on in lockdown, [the registered manager] got it moving again."
- The registered manager told us how they had encouraged staff to empower people in positive risk-taking to promote independence which was a shift in thinking for staff and people in the service. For example, supporting people to manage their own medicines, do their own laundry and cleaning of their own bedrooms.
- The registered manager understood when they needed to notify CQC of incidents in the home.
- Staff worked in partnership with other agencies to achieve positive outcomes for people, however, the registered manager explained there were some barriers in accessing certain healthcare departments, but

staff persevered and worked together to keep people as safe as possible.

- The registered manager told us, "We have remained a positive team. We have a way to go with people's outcomes; people getting jobs and having happy lives. I pride myself when I leave everybody has had a happy day and it is a happy house. That does not happen by chance, there is a reason for that, and we are going the right way. I would like people to be doing more."