

Ryefield Court Care Limited

# Ryefield Court

## Inspection report

Ryefield Avenue  
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Middlesex  
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Tel: 01895707106

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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Ryefield Court is a residential care home providing personal care to people aged 65 and over. The home can accommodate up to 60 people in one adapted building over three floors, each of which have separate adapted facilities. The second floor specialises in providing care to people living with dementia. At the time of the inspection there were 49 people living at the home.

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

During the inspection we found the provider had systems in place to identify and manage risks. Medicines were managed safely, and staff followed appropriate infection control practices to prevent cross infection. The provider had made changes to the environment to make it more dementia friendly.

People received person-centred care and care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs effectively. Relatives told us they were involved in planning people's care. We observed interactions between staff and service users that was kind and caring.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ryefield Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service caring?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Ryefield Court

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 conducted by two inspectors, a nurse specialist advisor 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.

#### Service and service type

Ryefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the action plan the provider sent to us following the previous inspection saying what they would do and by when to improve. We also sought feedback from the local authority who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return

prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, team leader and care workers. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included six people's care records and multiple medicines records. A variety of records relating to the management of the service, including audits were reviewed.

#### After the inspection

We spoke with ten relatives about their experience of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had not always maintained contemporaneous records which may have resulted in staff not having the most up to date information on people's needs and how to care for them. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. These included risks relating to weight, nutrition and skin integrity.
- At the last inspection, records about people's healthcare needs were not always being completed in a timely manner. At this inspection we saw records such as repositioning and nutritional charts were contemporaneous. This meant the provider could monitor and ensure they had relevant information to plan the care people required to meet their needs. For example, we saw a completed nutritional chart led to a referral to the GP and nutritionist. A relative said, "[Person] wasn't eating or drinking much so the dietician was brought in to advise and things improved". A healthcare professional told us the staff were very quick to raise concerns and took appropriate action to alert other agencies as required. Another relative said, "[Person] recently had a urine infection. The staff quickly realised and sent a sample to the doctor who prescribed antibiotics. [The staff] were very good."
- At the last inspection, some information around personal emergency evacuation plans (PEEPs) had not been up to date. During this inspection we saw PEEPs were up to date and provided clear guidelines for how each person should be evacuated in an emergency.
- At the last inspection we saw some examples of cleaning materials being accessible to people. At this inspection we found the environment was safe. The provider undertook monthly health and safety checks to help ensure the environment was safe and well maintained.

### Using medicines safely

At our last inspection we found examples of medicines not being managed safely which included instructions for administration that were not clear and opening dates not recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered safely. At the last inspection we identified a person having difficulty swallowing tablets. At this inspection we saw staff observed people swallowing their medicines. We also saw where appropriate people had medicines reviews with the GP and speech and language therapist (SALT). When people were unable to make their own decisions around medicines, best interest decisions were undertaken, for example in the case of covert medicines.
- At the last inspection, medicines were not always labelled correctly with opened dates. At this inspection we found they were, which indicated medicines being used according to the manufacturers' instructions and were disposed of in line with guidance.
- Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.

#### Preventing and controlling infection

- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. Staff had attended training on infection control, training on covid-19 and training on the correct use of personal protective equipment (PPE).
- The provider had undertaken risk assessments regarding the impact of the coronavirus. Measures the provider took to reduce identified risks included participating in a testing programme, placing staff in cohorts and introducing zones within the service.
- Additional cleaning of the service had been implemented and there were checks and audits to help ensure a clean and safe environment.



# 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At our last inspection we found the service was not always dementia friendly. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The second floor of the service was exclusively for the use of people living with dementia. At the last inspection we found the environment was not always dementia friendly. At this inspection we saw the provider was working with the King's Fund, an independent charitable organisation working to improve health and care in England, and improvements had been made.
- Previously the second floor had a uniform environment. The provider had made changes to the environment to make it easier for people to orientate themselves. The corridors had pieces of furniture placed in them including chairs people could rest in and things of interest in drawers in tables which could be used as points of reference.
- The provider had put up signs with pictures on them to help people know what was behind a door even if they could not read the sign. People who needed support to identify their own room doors, had cabinets outside their room with objects such as pictures which were meaningful to them and provided a visual clue that it was their room. We saw one person liked gardening and an artificial garden had been created outside their room.
- The lounge on the second floor had been divided into different areas so the television was no longer the focus. Activities were available for people to access when they chose. We saw people engaged in different activities of watching their preferred television programme, reading or doing an activity with staff.

# 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At our last inspection we found examples where staff did not interact with people in a caring or respectful way. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- During this inspection we observed caring and respectful interactions between staff and people. People told us, "[Staff are] very good, can't fault them. At your beck and call 24/7. That's imperative if you're feeling a bit poorly" and "Some of the staff are marvellous. Very obliging. Nothing is too much trouble. Some go that extra mile, most of them do." A relative said, "The staff have been particularly good in getting to know [person]. Their dementia is changing all the time. The staff understand how [person] communicates and what [person] likes and dislikes."
- We saw staff greeted people when they walked by them. In the lounge we observed a staff member supporting two people to complete a puzzle. The staff member provided positive encouragement and maintained a conversation with the two people while including others watching the activity, in the conversation.
- One person who required support with eating, was tall. The provider arranged for a suitable chair to accommodate their height comfortably and also purchased a stool for staff so they were at the right height when providing support at mealtimes.
- Another person who did not have English as a first language was able to receive support from two members of staff who spoke their language. The chefs also prepared food from their own culture for the person.
- We observed staff listening to people and taking action as required. For example, one person in the dining room said they wanted to go to their room and staff immediately responded. When they arrived at the person's room staff asked where they wanted to sit and what they would like to watch on the television.
- Care plans had information on people's cultural needs and people's protected characteristics under the Equalities Act 2010 were identified and recorded in care plans. This included people's cultural and religious needs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found staff did not always provide personalised care which met people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The files we reviewed during this inspection were personalised to record people's needs and provide staff with guidelines regarding support for people. For example, around people's nutritional needs and guidelines for maintaining skin integrity.
- Two relatives confirmed they were involved in planning people's care and said, "The home regularly emails the care plan for me to contribute to, including end of life arrangements. Both me and [person] have input. Our wishes are included in the plan" and "The care plan is exactly [the person]. It's very person centred. It changes continually due to the dementia. I'm always asked to contribute to it."
- A health care professional told us the staff went out of their way to ensure people's individual needs were met. They gave an example of someone receiving end of life care and asking for specific meals from outside the home. Staff provided the requested meals. We also saw evidence of this in written records.
- We found at this inspection there was better communication with people. We saw a member of staff supporting a person in a wheelchair to visit a relative. The staff member explained to the person where they were going and were generally chatting with them. The person's care plan recorded visiting was something they enjoyed.
- The provider had built a substantial pod in the garden so people could visit safely with their relatives during the pandemic. People were also able to use tablets and phones to contact relatives and if relatives emailed photos, these were printed out for people to see. A relative told us, "I can phone [person] anytime and chat or arrange a visit in the outside 'pod'. It's well organised."
- People's choices and needs were considered. One person showed us their fingernails had been painted and seemed pleased with this.
- In the dining room one person was having breakfast at 11:30am and said this was their preference. We saw staff ask the person what they would like to eat and if they would like a tabard to keep their clothes clean.

- During lunch, staff provided show plates to people to make their choice from the menu. One person said, "You get a choice. I find it very good." We observed staff spoke with people, asking what they wanted to eat, what drink they would like to have, if they were okay, greeting them and speaking with them when directly supporting them to eat, in a cheerful, friendly manner. Staff were also prompt to respond to people when they ask for something, for example more juice.

# 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

### Continuous learning and improving care

At our last inspection we found shortfalls regarding good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- During this inspection we found the provider had taken steps to address the breaches of regulations identified in the last report and had made a number of improvements to the service. This included records being contemporaneous, so staff had the most up to date information and guidelines to minimise risk and provide the most appropriate care, developing a dementia friendly environment on the second floor and delivering person centred care to meet people's individual needs.
- The provider undertook a number of audits including health and safety, infection control, medicines, dependency, wound audits and auditing the number of people with infections on a monthly basis. The audits had action plans for service improvements. For example, we saw there was evidence of the number of people with infections being reduced each month. The monthly registered manager's audit was detailed and included evidence of actions taken and there were systems in place to effectively monitor the service.