

European Healthcare Group PLC

# Ryedale Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

This inspection was unannounced and took place on 4 October 2016. We found four breaches of legal requirements at the last inspection on 8 September 2015. During this inspection significant improvements had been made. However, we found shortfalls in the current supervision program and made a recommendation. In addition, the premises and equipment were not always clean and well maintained. This was a breach of a legal requirement. You can see what action we have asked the provider to take at the end of the report.

Ryedale Care Centre provides care to a maximum of 70 older people with varied health conditions including people living with Dementia. On the day of our visit there were 19 people using the service.

At the time of our inspection there was a manager who was in the process of registering with the Care Quality Commission as they had started working at the service two and half months prior to the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Ryedale. They were treated with dignity and respect by staff who understood their needs.

Staff had received safeguarding training and were able to explain the steps they would take to protect people from avoidable harm. Risks to people and the environment were assessed and steps taken to mitigate the risks were clear and known by staff in order to keep people safe.

Medicines were administered safely by staff that had been assessed as competent.

People thought there were enough staff to meet their needs. Call bells were answered promptly and kept within people's reach.

Staff received appropriate training. They were able to demonstrate knowledge of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily work.

People and their relatives told us they were able to complain and felt their views were heard. They told us they were supported to maintain a balanced diet and were offered food that met their individual preferences. Activities were based on people's hobbies and interests and helped reduce the risk of social isolation.

Care plans were person centred and reflected people's physical social and emotional needs. They were reviewed regularly with input from people and their relatives

People and their relatives thought the service was well led by an approachable manager. There was a quality assurance system in place to ensure care was delivered safely. However, some records were not always accurate and did not always reflect care given. We have made a recommendation about record keeping.

## 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 not always safe. Premises and equipment used by the service provider was not always clean and properly maintained, putting people at risk of cross contamination.

Although medicines were administered, stored and handled safely by staff who had been assessed as competent, topical medicines administration was inconsistently recorded.

People told us that they felt safe and that there was usually enough staff to support them.

There were risk assessments in place to ensure the safety of people and the environment.

Staff understood how to recognise and report any allegations of abuse.

There were safer recruitment practices which ensured that adequate checks were completed before staff began work.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff had received appraisals and training. However, although supervisions were in place, they were still not in line with the service's policy.

People told us they were offered a balanced diet which met their cultural specific needs and preferences.

People were supported to access healthcare services where required and to maintain a balanced diet.

**Good** 

### Is the service caring?

The service was caring. People told us they were treated with dignity and respect.

Staff addressed people by their preferred names and were able to demonstrate how they catered for culture specific needs.

People were enabled to have discussions about their last wishes

**Good** 

and all was recorded in the advanced planning records we reviewed.

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

**Good** ●

The service was responsive. People told us they participated in planning their daily care.

Care plans reflected people's preferences and were reviewed regularly.

People told us staff provided activities which included outings and a variety of crafts, games and entertainment were enough and met their needs.

Complaints were dealt with promptly. People and their relatives told us they could raise any concerns.

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

**Good** ●

The service was well led. The current manager had been in place for a few months and was in the process of registering with the Care Quality Commission.

People, their relatives and staff told us the manager was approachable.

There were quality assurance and regular audits and feedback mechanisms in place to ensure care was delivered safely. Records did not always reflect the care delivered.

# Ryedale Care Centre

## 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 checked 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.

This inspection took place on 4 October 2016 and was unannounced.

The inspection was completed by one inspector.

Prior to the inspection we gathered and reviewed information from the local authority commissioning and safeguarding team. We also reviewed information from notifications we had received including deaths and falls. We also reviewed the completed 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.

During the inspection we spoke with nine people, two relatives and a visiting hairdresser. We interviewed nine staff including the chef, activities coordinator, two staff, the deputy manager, the manager, two domestic staff, the hair dresser and the nominated individual. We observed care for a minimum of 90 minutes in each of the two main care settings and saw how staff interacted with people who used the service.

We looked at three care plans, seven fluid and food charts, five medicine administration records and six topical medicine administration records. We also reviewed nine staff files, 10 supervision records, maintenance records and the training plan for the year.

# Is the service safe?

## Our findings

At our previous inspection we found that some people's bathrooms were a health and safety risk as they were stripped down and left whilst people were still using the rooms. Some chairs were old and dirty, carpets were worn and stained, bathrooms and some equipment were visibly dirty. During this inspection, the floor with the bathrooms needing renovations was closed. And the chairs in the lounges had been replaced. However, we found that the carpets were still visibly dirty in some places and two bathrooms were dirty in places. There was a dirty worn settee in the dining room. In addition, equipment such as a fan in the lounge and one of the hoists, although serviced, was visibly dirty in places. This meant that people were cared for in an environment that was not clean or well maintained and could be at risk of cross contamination.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they got their medicine on time. At our previous inspection there had been two occasions where medicines had not been administered because of a failure in the ordering system. During this inspection we found medicines were ordered, stored and administered safely with the exception of topical medicines which were not always recorded as administered consistently on the separate chart provided. We spoke with the deputy manager about this and they said they would make it clearer on the separate charts where topical creams were written as required. Room and fridge temperatures within the treatment room were checked daily to ensure that they remained within the recommended range.

At our last inspection risks to people and the service were not always managed so that people were protected and their freedom was supported and respected. During this inspection we saw no unnecessary restrictions were imposed on people. Staff told us and we saw them support people to go where they wanted as and when they chose. Staff had a better understanding of people and how to manage behaviours that challenged.

People were protected from avoidable harm because appropriate guidance was followed. We saw risk assessments to people and the environment were in place, updated regularly and known by staff. These included steps to take to mitigate the identified risk such as pain, reduced mobility, falls, behaviours that challenged, skin integrity and nutrition. Regular health and safety checks were in place to reduce the risk of harm.

There were procedures in place to deal with foreseeable emergencies and keep people safe. Staff were aware of the procedure to follow in an emergency and a fire incident. They told us regular fire drills took place and we saw evidence of this. Staff had attended fire training and first aid training and demonstrated an understanding of the procedures in place to protect people in an emergency. Each person had a personal emergency evacuation plan which was understood by staff.

People and their relatives told us they felt safe and secure living at Ryedale. One person said, "I am very safe

and trust the staff." Another person said, "I have no concerns." A relative told us, "I have no concerns about [person's] safety. The staff are very kind and look after [person] very well." Staff had attended safeguarding training and were aware of the steps to take if they witnessed or were informed of any type of abuse. There was a policy in place which staff could access when required. We reviewed all the safeguarding notifications made since our last inspection and found appropriate steps had been taken to minimise the risk of the same incidents occurring again.

At our previous inspection we made a recommendation that the provider review staffing numbers and the skills mix at night to ensure that people were checked regularly. During this inspection only the ground floor was open with 19 people. We reviewed the rotas for the past three months and found that there were two staff at night and four staff during the day even at weekends. In addition a chef, domestic staff, laundry staff, activities coordinator, administrator and manager were on duty during weekdays. Night checks were completed and recorded. One person said, "Staff come several times during the night to check if I am ok." Staff we spoke with were experienced and demonstrated an understanding of people's needs. People and their relatives told us they thought they were enough staff on duty during the day and night. One person said, "Yes there is always someone when I need them." Another person told us, "There seem to be enough staff around, even at night as most of us do not need much attention at night." There were sufficient numbers of suitable staff to keep people safe and meet their needs.

There were robust recruitment checks in place to ensure that only staff assessed as suitable to work in a health and social care environment were employed. Staff told us that before they started work they were asked for two references, their qualifications and proof of identification. They could not start work until checks to the disclosure and barring service were complete to ensure that there were no known factors deeming them unsuitable to work in care. We saw that disciplinary procedures were in place where staff had not followed the service's procedures or where they had put people at risk of harm.



# Is the service effective?

## Our findings

At our previous inspection people were cared for by staff who were not always supported by means of annual appraisal and supervision. Some staff were overdue training in areas such as safeguarding, dignity in care and the Mental Capacity Act 2005. During this inspection we found appraisals were planned for a set month in a year with an allocated appraiser for each staff member. Training was provided by an in-house trainer. On the day of the visit there was a training session on challenging behaviour in progress which included role play. Staff told us the training was helpful and that they could discuss real life scenarios and strategies to deal with behaviours that challenged. Records showed and staff told us staff they were now having more regular supervision. Staff told us this was helpful and an opportunity to discuss and be updated with latest changes. However, supervision had occurred twice for most staff since January, which was still not six times a year as stipulated in the service's policies. We recommend further guidance is sought about appropriate staff supervision.

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 told us staff always asked for their consent before delivering care. One person said, "Yes, they ask how I want to be assisted." Consent to care and treatment was sought in line with legislation and guidance. We saw consent for specific decisions such as "Flu Jabs." Where people's liberty was being restricted related assessments including best interests decision-making approaches described in the Code of practice to the Mental Capacity Act had been adhered to.

People can only be deprived of their liberty so that they can 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 found that conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of people within the service who were subject to DoLS and could specify the reasons why people's liberty was restricted.

At our last inspection people were not always supported to have sufficient to eat, drink and maintain a balanced diet. On one unit they were not always given their choice. During this inspection, people were given enough choice and support to eat food that met the cultural specific and nutritional needs. One person told us, "I get cooked breakfast when I want. There is plenty of hot and cold drinks on offer." Another person said, "The food is very tasty. I am very happy with it and can get an alternative if I want." The menu of the day was written on a board and pictorial sample meals of the day displayed in the dining room to aid people's memory when they forgot what meal they chose. There were hot and cold drinks available on request and at regular intervals. Staff and the chef were aware of people's food allergies on those on special diets and demonstrated how supported them effectively.

People were supported to maintain good health, have access to healthcare services and receive ongoing

healthcare support. People were weighed regularly and weight loss or gain recorded and reported to the GP. Where necessary dietitian referrals were made in order to ensure people received adequate nutrition. Staff supported people to attend hospital appointments and attend the blood test appointments. On the day of our visit we saw staff take a person to an appointment. Staff were aware of people with chronic illness and steps they would take to ensure that they managed their health conditions.

# Is the service caring?

## Our findings

People and their relatives told us that staff were kind and thoughtful. They recognised and called staff by name. One person said, "Staff are very kind and polite. They are good to me and the others." Another person said, "Yes, they are very caring. They notice if you are upset and try to cheer me up." A relative said, "Staff are very good. They make an effort to keep everyone happy including some who rarely get visitors." People were cared for by staff who took an interest in them as a person.

At our previous inspection people's privacy and dignity was not always respected and promoted. During this inspection, people and their relatives told us they were treated with dignity and respect. One person said, "They listen to me and are respectful." A relative said, "Staff are helpful." We observed staff speaking politely with people and address them by their preferred names. Staff spoke with people discreetly asking them if they wanted to use the toilet. Incontinence pads were changed regularly. People in their rooms were checked on and assisted to turn and left with call bells within reach in case they needed assistance. There were now serviettes available for people to wipe their mouths after meals and preserve their dignity.

People were encouraged to express their views and be actively involved in making decisions about their care. One person said, "I can go to bed at any time I am ready. I choose whether I want to stay with others or alone in my room." We noted in care plans that people's likes, dislikes and preferences were noted in a record titled "This is me". Bed time routines and wakeup times and personal care preferences were also outlined. Where people needed extra advice and support they could access external advocacy services.

People's diversity was promoted. One person said, "I can still get to see my church friends now and again." Another person said, "I haven't always been religious, but I do enjoy attending the service." We saw that people were supported to maintain their religious and cultural beliefs. People who were religious were supported to access people and material relating to their faith. For people with cultural specific food preferences, these were either prepared on site or delivered from specialist caterers. One person said, "I am treated as an individual and my wishes and religious preferences are respected. I get a chance to stay in my room meditating."

People were encouraged to maintain their independence. One person said, "I never feel rushed. They help, but I also do what I can like dress myself although I can't do the buttons." Another person said, "I can still do bits and pieces by myself. They help me when I am stuck." Staff observed from a close distance while people took their time mobilise from the dining room to the lounge and vice versa. During lunch time people were supported and encouraged to eat independently by means of assistive cutlery.

## Is the service responsive?

### Our findings

People consistently received personalised care which met their needs. One person said, "I am very happy with the care. Staff are always pleasant and polite." Another person said, "Staff are good. They help me whenever I call." Staff told us and care plans confirmed that people's past and present hobbies, social, emotional and physical needs were considered and met during care delivery. One staff told us, "Most of us have worked here for a while and we have got to know people and their families well which helps us notice quickly when things go wrong."

Before people started to use the service they were assessed and care plans were developed to enable staff to support people. A relative said, "Yes, I am invited to review the care at least once a year. I remember they also assessed [person] before the [person] moved in." We reviewed care plans and saw that these contained people's life stories, and past medical, social history, goals and aspirations. Staff were aware of the needs and the history of the people and could tell us how they delivered personalised care. We saw evidence that care plans and assessments were reviewed monthly and an annual care plan review was also completed with the person and their next of kin present. Any changes were documented and explained to staff accordingly.

People and their relatives told us they were happy with the various activities that took place daily. One person, "I like to take part in all the games and craft." Another person said, "I take part when I want, but also go to my room for some quiet time." A third person said, "I enjoy the games and puzzles and the outings. There is always something to do." A relative also said, "Each time I come there is always something going on." During our visit people made masks for Halloween in the morning, played Bingo and had their hair done in the afternoon. The Activities coordinator, people and the records we reviewed showed that activities and interest assessments were made when people started to live at Ryedale. This was in order to ensure peoples' interests and hobbies were included. We reviewed activities that had gone on throughout the year and noted that they included cheese and wine afternoons, fancy dress evenings, films, cake making and gentle exercise. People told us they enjoyed the activities.

People told us that they would complain to the manager. One person said, "I have no complaints at the moment. If I had any I would speak to staff or the manager." Another person said, "Nothing so far. My [relative] would help me if I have any concerns." The complaints policy was accessible and displayed within the service. In addition, a comments and suggestion box was in the main reception area for people, their relatives or staff to make any comments about the care delivered. Staff said they would report concerns to the manager and also do their best to resolve the issue if they were able to do so. We reviewed complaints made since October 2015 and found that both verbal and nonverbal complaints had been acknowledged, investigated and resolved. People's experiences, concerns and complaints were listened to and acted upon by staff.

People told us that they were able to see their family when they wanted. One person said, "I get visitors. They come anytime they are free, usually after work." Another person said, "Yes, I have family and some people from the church come to visit." Staff and relatives told us that visitors were able to come anytime

during the day. Staff interacted with people and at one point were showing a person their family tree book whilst conversing about when they would next get visitors. People sometimes went home with their families on special occasions such as Christmas and birthdays. People were encouraged to keep in contact with the most important people in their life.

## Is the service well-led?

### Our findings

People, relatives and staff told us that the manager was very approachable. One person said, "The new manager is very good. She listens and puts things right." A relative said, "You can talk to the manager anytime. She is always around during the week." A staff member also said, "She is one of the best managers we've had. She doesn't hesitate to join in and help." Staff told us that they thought the culture was open. They could report any concerns or accidents to management and be confident that action would be taken. People and staff felt that there was an open and honest culture that enabled them to express their views.

Although the service had not had a registered manager for a period over 18 months, there was evidence that the provider had recruited a manager who had run the service. There was a manager in place who was in the process of being registered with the Care Quality Commission (CQC). We had been notified of all safeguarding incidents and deaths as per legal requirements.

Records, in particular food diaries and fluid balance charts, were not always completed properly. Although people were assessed as needing food and fluid charts and we observed people having food and drinks regularly, this were not always recorded especially after 0600p.m. We recommend that the provider seek advice on record keeping.

The service had a clear vision and values statement which was displayed on the company logo "Care with Compassion." Staff knew this and were able to demonstrate it in practice as they delivered care safely in a person centred and compassionate way. We observed staff promptly reassure a person who was anxious or upset by listening to them and helping them.

At our previous inspection we recommended that the provider seek support and further guidance on information sharing following incidents. There had been multiple falls and unexplained bruising especially at night. During this inspection staff told us and we saw that incidents of falls and bruising at night had stopped. The service was now only concentrating on personal care and was no longer providing nursing care. Furthermore, staff told us they learnt from any incident and completed necessary checks to ensure people were safe throughout the day or night.

The manager monitored the quality of care delivered. Incidents were monitored monthly and steps taken to investigate, and learn from incidents. Medicine, health and safety, water temperature checks, equipment checks and record keeping audits were in place to ensure care was delivered safely in line with policies and procedures. A clinical risk register was maintained in order to keep track of any issues related to care such as infection control, diet and dependency. Procedures to deal with events such as heat waves were displayed and known by staff. Staff told us of how they had encouraged people to drink a lot of drinks as well as apply sun cream before going out to the garden during the hot weather.

At our previous inspection we identified inconsistent leadership on the units. Performance management needed to be improved in order to ensure that staff maintained people's dignity and respect and followed appropriate procedures. Policies sent to us electronically needed updating as they were last reviewed in

August 2012. During this inspection leadership on the only open unit was consistent and ensured that people were cared for safely. Staff were aware of their roles and responsibilities and delivered care according to people's preferences. In addition the policies we reviewed had been updated to reflect current guidelines.

People, staff and relatives told us they were involved and kept informed of any changes. There was a consultation with staff in progress and a meeting had been held with relatives to inform them of major planned changes that affected the service. Staff satisfaction, relative's surveys and "residents' surveys" were also in place to ensure the service got feedback and improved the quality of care delivered. We looked at the most recent surveys and found action on issues such as food, or taking people out of their room into communal areas had been taken.

The service also worked with the local community. We saw that a coffee morning event had been held to raise money for a charity. A local church and an entertainer visited the service regularly in order to meet the needs of people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  All premises and equipment used by the service provider was not always clean and properly maintained.  Regulation 15 1. (a)(e)