Anchor Trust

The Ridings

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?	Good

Summary of findings

Overall summary

We inspected this service on 15 February 2016. This was an unannounced inspection.

The Ridings is a residential home providing accommodation for up to 48 people. At the time of our visit there were 42 people living at the service.

The service had a registered manager in place. 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 and visiting health and social care professionals felt the service was well led and were complimentary about the registered manager and staff team.

At a comprehensive inspection of this service in December 2014 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were in relation to not always having enough staff on duty and care plans and risk assessments were not being reviewed. The provider sent us an action plan to tell us how they would ensure the service met the legal requirements of the regulations. At this inspection in January 2016 we found improvements had been made. There was enough staff to meet people's needs. Care plans and risk assessments were reviewed on a monthly basis. We have asked the registered manager to continue to make improvements in the maintenance of peoples care records. This was to ensure any changes to peoples care were reflected in the care plans when the changes happened and not left until the monthly review to be made.

People had been involved in reviewing their care. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met. Where required, staff involved a range of other professionals in people's care. Staff were quick to identify and alert other professionals when people's needs changed.

People felt cared for, valued as individuals and told us staff went out of their way to make them feel they mattered. Staff knew the people they cared for and what was important to them. Staff appreciated peoples unique life histories and understood how these could influence the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records. Staff offered support in a way that promoted people's independence.

People were involved in setting the activity program, enjoyed the many activities on offer and told us there was always something to do.

People were supported to have their nutritional needs met. People were complementary about the food.

The menu offered people choice and variety and alternatives were available if people did not want what was on the menu. Mealtimes were flexible according to people's choice and preference.

People felt supported by competent staff. Staff were motivated to improve the quality of care provided to people and benefitted from regular supervision, team meetings and training to help them meet the needs of the people they were caring for.

Medicines were stored and administered safely.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff followed guidance in risk assessments and were knowledgeable about the procedures in place to recognise and respond to abuse.

Medicines were stored and administered safely.

There was enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge needed to care for people.

People were asked for their consent before care tasks were provided. Staff acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence.

Health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People were supported in a caring, kind, dignified and respectful way.

People were cared for in a personalised way. People's choices and preferences were respected.

Staff were aware of each person's unique ways of communicating and supported people to make choices and decisions about their care using these methods.

People were supported to maintain their independence and were given the support and equipment they needed.

Is the service responsive?

Good

The service was responsive to people's needs.

People benefited from regular activities.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

Is the service well-led?

Good

People benefited from a service that was well led. There was a positive culture where people felt included and their views were sought.

Staff told us they felt supported and the registered manager and other senior staff were approachable.

The quality of the service was regularly reviewed. The manager continually strived to improve the quality of service offered. Where shortfalls had been identified, actions had been taken to improve the service.

The Ridings

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 15 February and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the report issued following the local authority monitoring visit.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with seven people and one of their visitors. 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 also spoke with four Care staff, the activity coordinator, the Care manager, the registered manager, the maintenance person, and the chef.

We looked at records, which included 10 people's care records and six staff files. We checked medicines administration records and looked at staff training and supervision records. We also looked at records relating to the management of the service, which included minutes of meetings, complaints and compliments, a range of audits and quality assurance feedback.

Good

Is the service safe?

Our findings

At our inspection in December 2014, we found there were not adequate staff numbers to cover staff absences. This was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in February 2016, we found action had been taken to ensure there were enough staff to meet people's needs. Care, laundry and kitchen staff had been recruited. Two recently employed care staff were waiting for their employment checks to be undertaken before they could start work. This was to ensure they were of good character and suitable for their role.

People felt there were enough staff to meet their needs. One person said, "Always seems to be enough of them about". Another person told us their call bell was always answered, "Quite quickly". The provider calculated staffing levels according to people's dependency. Any shortfalls in staffing rotas were covered with staff doing extra shifts or agency staff. Staff told us there were occasions where last minute sickness had meant finding cover was difficult but the managers always helped with care tasks when that was the case.

People felt safe. Comments from people included: "No reason not to feel safe", "Couldn't be safer" and "Nothing at all to worry about". A relative told us they thought their family member was, "Extremely safe" living at the service.

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. One staff member said, "I would report anything to the manager or the area manager. I know there is a policy for whistleblowing and I would go to the local authority if I needed to". Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Risks to people's personal safety had been assessed, reviewed regularly and people had plans in place to manage the risks. For example, people had risk assessments in a range of areas such as falls, and moving and handling, wheelchair use, nutrition and skin integrity. Ways of managing the risks to people had been documented and staff used the risk assessments to inform care delivery. Staff also sought advice and guidance from other professionals in managing the risks. For example, one person mobilised independently but was at high risk of falls. The person had been referred to the care home support service who recommended the person wear protective padding. This person was wearing their protective padding as advised.

People were supported to take risks to live the life they chose. For example, by going out or making hot drinks. Staff had discussed the risks with people and developed individualised risk assessments and management plans to ensure people were supported to be independent whilst being as safe as possible.

There were assessments in place to address the risks associated with some people's choices or preferences. For example, some people chose to administer their own medicines. Staff had assessed the risks to ensure

people were able to take their medicines safely. One person was able to take some of their medicines themselves but needed help with others. They told us staff gave them help when they needed it and ensured there was always enough stock of their medicine. They said, "Never run out of anything".

People who did not self-medicate were supported to take their medicines in line with their prescription. Some people had individual protocols for medicines that were not as a regular dose but to be taken when required (PRN). Protocols gave staff detailed guidance about why the person might need the medicine and when they could take it. People told us they were given their PRN medicines when they needed them. For example, one person required pain relieving medicine before they had a wound dressing changed. The person told us, "They (staff) check what time the nurse is coming and give me my medicine before she comes".

There were some gaps on the medicine administration records (MAR) where staff had not always signed to show the person had taken their medicine. We checked the medicine stocks and were confident people had received their medicines as prescribed. We discussed this with the care manager who showed us a recently completed audit where the gaps had been noted. This had been discussed with the staff that were responsible for not signing the records and the meeting had been recorded in staffs files.

People's safety was maintained through the cleanliness, maintenance and monitoring of the building and equipment. For example, water testing, fire equipment testing, lift servicing and electrical certification was monitored by maintenance staff and carried out by certified external contractors.

Equipment used to support people's care, for example, hoists and stand aids were clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules. People's rooms, bathrooms, equipment and communal areas were clean. The service had adequate stocks of personal protective equipment and staff used them as appropriate. One member of staff said, "We've always got the right equipment when we need it".

Good

Is the service effective?

Our findings

People had access to other healthcare professionals such as, the GP, district nurses, the respiratory nurse, chiropodists, opticians and dentists. People were supported to stay healthy and care records described the support they required to manage their health needs. Any changes in people's needs were reported to health professionals promptly. For example, on the day of the inspection we heard staff telephoning the GP to tell them about a change in a person's condition. One person also told us, "They (staff) call the district nurse straight away if my dressings need doing". Health and social care professionals were complimentary about the service and told us staff communicated well with them. They also told us staff demonstrated an understanding of people's individual needs and followed any advice and guidance they provided. Details of professional visits were seen in each person's care record, with information on outcomes and changes to the way people should be cared for.

People felt staff understood their needs and knew how to care for them. One person said, "They know what they are doing". Another person said, "They are not all trained to a higher degree but you have the feeling you are being taken care of". A professional told us, "Staff know their stuff".

Staff had completed the provider's initial and refresher mandatory training in areas such as, manual handling and infection control. One staff member told us there was, "Always plenty of training". Staff were motivated to develop their skills further and spoke positively about the training available to them. For example, one member of staff told us the service was sponsoring them to do a level three qualification in health and social care. This is a qualification aimed to further increase skills and knowledge in how to support people with their care needs. Another member of staff told us how the training they had attended in relation to caring for people who were living with dementia had helped them to provide better care for the person. This was because of their greater understanding of the condition. They said, "I now understand that people might see something different from us and have learnt to reassure, not dismiss or ignore. I also now know about the different types of dementia and how this can affect people's behaviour".

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed nationally recognised standards and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they received an annual appraisal and had regular one to one supervision where they could discuss the needs of people they were caring for as well as any training and development they might wish to follow.

People had enough to eat and drink. People's opinion of the food served in the home was positive. Comments included, "Pretty good", "Consistently acceptable" and "The food is very good. I enjoy the breakfasts no end. Bacon and egg every day if I want it. It's first class".

Mealtimes were flexible to suit people. For example, breakfast was served between 7.30am and 11am. People were given a choice of what to eat and as well as having a menu were shown a plated meal to make their choice. If people did not want any of the menu choices they could choose to have something else and this was freshly prepared by the chef. For example, jacket potatoes, sandwiches or an omelette. One person said, "They usually tell you what's on the menu. If you don't like what's on the menu, they get something else". Another person said, "Sometimes the foods a bit fancy but there's always alternatives if you don't want it". Meals were attractively presented. Mealtimes were a sociable event and people who needed assistance to eat were supported in a respectful manner.

People told us and we observed they were offered regular drinks and snacks. A trolley containing Snacks, sandwiches, fruit cake, smoothies, cheese & biscuits and sweet biscuits was taken round the service three times a day. People told us they could keep snacks in their rooms or request snacks at any other time of the day. One person said, "There are always little comforts coming round, cups of tea, cake, fruit, and biscuits. Even before I go to bed I'm offered supper".

People were able to walk freely around the home and gardens. People had their own self-contained flats which were fully personalised to their tastes. One person told us, "Facilities in my room are good. My visitors can make a drink & I can keep things in my fridge". There were also several communal lounges and a library which gave people a choice of where to spend their time.

People were supported in line with the principles of the Mental Capacity Act 2005. 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 people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests.

Staff had completed training in the MCA and understood their responsibilities in this area. For example, staff were able to describe what action they would take if a person was identified as lacking capacity to make a specific decision. This included following the best interest process and involving health professionals and relatives in the decision to be made. Staff told us that although a person may lack capacity in some areas they would still be supported to make whatever decisions they could. For example, one staff member said, "It's about giving them (people) choices and not choosing for them, even if they don't have capacity, you still give them choices".

People told us staff asked for their consent before delivering care tasks and gave them the information they needed in order to make choices and decisions. One person said, "They (staff) always explain everything and ask for my consent".

The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. Where restrictions were in place for people we found these had been legally authorised and people were supported in the least restrictive way.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments included: "I love it here", "You couldn't get a better group of people, they look after me very well", "It's a lovely life really, I feel looked after" and "Very friendly and caring". One person's relative described staff as, "Lovely, friendly, caring and trustworthy."

Visiting professionals told us people were, "Treated well" and "Well cared for". Staff told us they enjoyed working at the service and strived to provide the best care they could. Comments included: "It's a nice home with lovely staff", "I am really passionate about how people are cared for" and "I really try to build a good relationship with everybody".

There was a warm friendly atmosphere at the service. Staff took every opportunity to acknowledge and talk with people. Conversations were pitched appropriately for the individual and ranged from the more serious through to light hearted banter. One person told us, "We have a good old natter". Housekeeping and maintenance staff took an interest in what people were doing and chatted with them whilst they went about their work.

Staff were aware of people's unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, one person used body language to communicate with staff because they found it difficult to talk verbally. Staff knew how this person preferred to communicate and this was recorded in the persons care record. For example, the person would raise their hand if they wanted to alert the attention of staff. During our observations we saw this person had raised their hand. Staff were quick to notice and offered immediate assistance. They went to the person, crouched down so they were at eye level with them and patiently and discretely asked the person a number of questions until they established what the person wanted. At other times during the day we observed staff spending time with this person chatting, assisting them to take part in the activity as well as supporting them with food, snacks and drinks. All interactions were friendly, kind and respectful.

Staff knew people well and people confirmed their choices and preferences were respected. Comments from people included: "I feel that I have got control over my life as I choose to stay in bed", "Go where you want, no one telling you what to do", "Whatever I have asked, they have done for me" and "I feel that I can have anything I want". One person had expressed a preference for a female member of staff to support them with their personal care. A male member of staff told us, "I don't ever help them to wash or get dressed because they prefer not to be helped by a man".

People were treated as individuals and felt they mattered. For example, one person told us the maintenance worker knew they enjoyed watching the birds so had filled up their bird feeder. Another person said, "They (staff) try to cater for all different needs. You are not all lumped together, you're treated as individuals". People gave us examples of how staff had shown concern for their wellbeing in a meaningful way. For

example, one person said, "I lost my husband. Staff were with me, they have been so caring and supportive. Staff told me, call us anytime, even if it's the middle of the night and you want to talk".

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. For example, staff knocked on people's doors and waited to be invited in before entering and ensured people's curtains and door was closed during care. People told us, "Staff are respectful & helpful" and "I'm "always covered".

People were encouraged to be as independent as possible. One person told us, "They (staff) like you to do it yourself if you can". Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, equipment at mealtimes to enable people to eat and drink independently or mobility aids.

Good

Is the service responsive?

Our findings

At our inspection in December 2014, we found care plans were not reviewed in line with the provider's policy and daily records detailing peoples care were not always kept. This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulation 2010: Records which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in February 2016, we found action had been taken. People's daily records provided a full picture of the care the person had received and if there were any changes in their needs. Care plans and risk assessments were reviewed on a monthly basis. Although changes to peoples care were discussed in staff handover and recorded on a handover document they were not always updated in the care records until the monthly review. We discussed this with the registered manager who told us they would take action to ensure any changes to peoples care was reflected in the care plans when the changes happened.

Before people came to live at the service they had an assessment to ensure their needs could be met at the service. This assessment was used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People and their relatives told us they had been involved in developing care plans and reviewing care. People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records gave guidance to staff on how to care for people and reflected how each person wished to receive their care. For example, if people preferred a male or female member of staff to support them with their personal care. People told us staff treated them as individuals, listened to them and their views and wishes were respected and acted upon.

Peoples care records included information about their life histories. The activities coordinator told us they spoke with people about their lives so that activities people might have enjoyed before coming to live at the service could be arranged. For example, one person showed us their latest knitting project and told us, "I love knitting. When I came here a knit and natter group was set up". There were two activities coordinators at the service. The activity programme was set by a committee which included the people who lived at the service and activity staff.

A weekly program of activities was given to people on a Monday morning. Activity staff handed out the program and spent time with each person to go through the schedule and talk about each activity. If people expressed a desire to attend a particular activity the activities coordinator noted this in their diary. They told us this was so they could remind people if they had forgotten about the activity nearer the time. One person told us, "There's always something to do in the afternoon if you want to". Another person confirmed there was a wide range of activities available and said, "You please yourself if you want to go". One person told us they would like to go out more but had been, "Encouraged to suggest places of interest" and "Had enjoyed a trip out to Stratford".

All people were supported to join in activities regardless of their ability or medical conditions. For example, on the day of the inspection we observed an exercise activity taking place. The activities person involved the whole group in the activity as well as giving each person individual help, encouragement and praise. The

activity was adjusted for each person based on their ability which ensured all those who had expressed a wish to take part were able to participate. The activity was a sociable and pleasant event. People were laughing and smiling during the activity. Two people who were in the room but had declined to take part in the activity were included in the conversation and joined in with the banter when another person made a joke.

People were able to have visitors when they wanted and were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. Students visited the service to join in with activities. A recent project had taken place where people who lived at the service had worked together with young people and a mosaic artist to create a mosaic about the local community. This is currently on display in the local community centre. .

People and their visitors were encouraged to provide feedback about the service through a comments book that was available in the dining room, comments slips and through resident and relatives meetings. People knew how to make a complaint and the provider had a complaints policy in place. Comments from people included, "I have not had to make a complaint but I would speak to one of the staff if I needed to", "We always have a good response from the manager, if we have a problem, but the response from the care staff is sometimes variable" and "I've not had one complaint since I've been here". A relative said, "We raised a concern and it was addressed". Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. Since our last inspection there had been seven verbal and written complaints recorded and 14 written compliments in the form of thank you cards and letters.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager and team of senior care staff. The registered manager had been in post for a number of years. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service people received. For example, the registered manager had recognised how supporting staff to undertake extra qualifications such as the diploma in health and social care could help to improve the quality of care provided to people. Three senior staff were currently being supported to undertake the assessor's course for this qualification. This meant senior staff could support the care staff that were currently completing the course and would enable a higher number of staff to complete the course in the future.

People and relatives were complimentary about the management team. People told us the manager had an open door policy and they knew they would be available to them if needed. However, some people told us the registered manager did not attend the residents meeting and they would like to see them around the service more often. One person said, "I would like it if they came round a bit more". The registered manager's office was directly opposite the main lounge and they told us they mostly worked with their office door open. They had delegated the responsibility of holding the relatives and residents meetings to the activity staff so that people would feel more comfortable in raising any concerns. They told us they would make themselves more visible around the service.

Visiting health professionals told us they had a good relationship with registered manager and staff. They felt the home provided a good quality service and staff and the management team communicated well with them. One professional said, "The service is well led; there are no unhappy people or staff here".

Staff spoke positively about the team and the leadership. One staff member described the registered manager as, "Brilliant, approachable and direct. She is professional and has a good rapport with everyone". Staff described a culture where staff were employed with the, "Right, caring attitude" and staff were "Passionate about how people are cared for". Staff described a service that was open and were confident the management team and organisation would support them if they used the whistleblowing policy.

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff handover meetings were detailed and important information relating to peoples care or the running of the service was discussed.

There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits, observing care practice and gathering peoples experience of the service through satisfaction surveys and other feedback. Where any shortfalls had been identified, an action plan was put into place to address them and this was followed up to ensure actions had been completed. For example, when reviewing the results of the quality assurance survey the manager had noted that people were not always happy with the menu choices on offer. Some people had said they would prefer plainer food. The manager had met with the chef and six standard alternative meal choices were added to the existing two choices on the menu. These were available at each mealtime. The

registered manager had also conducted a dining room experience observation in order understand the mealtime experience for everyone, not just those who could provide verbal feedback. One of the actions from this observation was the atmosphere would benefit from some appropriate music. On the day of the inspection there was background music playing. People appeared to be enjoying the music.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked by the registered manager to identify any trends or what changes might be required to make improvements for people who used the service.