

Community Integrated Care Rydal Mount

Inspection report

Station Hill
Wigton
Tel: 01697 349266
Website: www.c-i-c.co.uk

Date of inspection visit: 10th July 2015
Date of publication: 30/09/2015

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 

Overall summary

This inspection took place on the 10th July 2015 and was unannounced.

Rydal Mount is located in the town of Wigton. The service provides support for up to four people with a learning disability who have complex needs some of whom have limited verbal communication.

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

The service had sufficient staff meet people's needs in a timely manner.

The staff knew how to identify abuse and protect people from it.

The service had carried out risk assessments to ensure that they identified potential hazards and protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

Staff had been trained to an appropriate standard and had undertaken additional training in order to meet the changing needs of people who used the service.

Summary of findings

People were supported to take a good diet that was based on an assessment of their nutritional needs.

Staff had developed caring relationships with people who used the service.

People received appropriate support to enable them to access and integrate with the local community.

Support plans were based on thorough assessments and were written using a person centred approach.

The registered manager provided good leadership. The provider had systems in place to ensure the delivery of good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There was sufficient staff to support people.

Staff were recruited appropriately and relevant checks on their background were carried out.

Good



Is the service effective?

The service was effective.

Staff had received sufficient training which was specific to the needs of people who used the service.

Staff received supervision from their manager on a monthly basis.

People received appropriate nutritional support.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity and respect.

People were not discriminated against.

Good



Is the service responsive?

The service was responsive.

People were able to access the local community.

Care plans were based on comprehensive assessments

People were able to raise issues with the service including formally via a complaints process.

Good



Is the service well-led?

The service was well led.

The registered manager had supported her staff in responding to the changing needs of people who used the service.

The registered manager was supported by their senior manager.

There was a quality assurance system in use.

Good



Rydal Mount

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 the 10th July 2015 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

People who used this service were not easily able to express their views but we were able to observe how they were supported. We spoke with four staff including the registered manager, one person who used the service and two relatives.

We looked at four written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. However one person had stated the following in their support plan, “I like to be supported by people who make me feel safe and people who I am comfortable with.”

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people from abuse. We spoke with three members of staff in a group. They were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues with the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service suffered from epilepsy. Support plans had been put in place to ensure that risk of seizures was minimised and correctly managed should they occur.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people's needs. The registered manager explained that the number

of staff was based on the identified needs of the people who used the service. We observed that staff met people's needs in a timely efficient manner. Relatives we spoke with told us that there was “Definitely” enough staff providing support to people.

We reviewed recruitment procedures in the service. The registered manager explained that they were currently engaged in a recruitment drive across all the providers' services in the area. She told us that she and other registered managers would be directly involved in interviewing prospective candidates. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff at Rydal Mount had up to date employment checks including whether they had a criminal record.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. The registered manager told us that they were in the process of changing their pharmacy contract. We saw that medications were going to be stored securely in people's rooms in the future.

Is the service effective?

Our findings

People who use this service were not easily able to tell us their views. We observed people who used the service having breakfast. They appeared to enjoy the food and were well supported by the staff.

We looked at training records for the staff and saw that they had received training in various aspects of social care for example moving and handling, medication and infection control. We saw that staff were also undertaking vocational qualifications in health and social care provided by the local college. In addition to mandatory training the registered manager had sourced training specific to the needs of people who used the service. This included epilepsy training and supporting people who lived with dementia.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision and appraisal. The staff we spoke with confirmed this, "We receive supervision every month."

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives, advocacy services and health and social care professionals, used this

information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the services assessment professional advice from dietitians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis, this helped staff to ensure that people were not at risk of malnutrition.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GP's and community learning disability nurses. This supported people to maintain good health.

We looked at the environment and noted that the manager was steadily improving areas that required refurbishment. We saw that people who used the service decorated and furnished their bedrooms in a style of their own choosing.

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We observed staff supporting people who used the service and saw that people appeared happy and relaxed.

We observed that staff supported people in a warm and friendly manner. People who used the service responded well to this approach. A relative gave us their opinion of the staff, "They really are nice, they're genuine people."

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. However we saw that staff adopted a wide variety of communication techniques, including verbal and non verbal, to ensure that people were able to make their own decisions about the care and support they received.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw from the service's records that staff had provided end of life care within the past twelve months. Staff had received training in how to support people at the end of their lives. We saw evidence that staff had been praised for the quality of end of life care they provided.

Is the service responsive?

Our findings

People who use this service were not easily able to tell us their views. A relative told us, “I know they [the staff] look after people properly.”

We looked at how the service kept people from being socially isolated. According to people’s written records of care they regularly accessed the community. This included the use of day centres, shops, cafes and other local amenities. In addition two of the people who used the service worked part time in a local shop and café.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people’s needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good and they were written in a clear and concise manner. The service used a person centred approach, for example one communication support plan read, “I like people to be clear and concise with short sentences. I need eye contact with people when they are talking to me. I like a good sense of humour.”

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns. A relative told us, “I’d get in touch with the manager but I’ve no complaints, they’re really good.”

In addition to this the service had a formal complaints policy and procedure which was clearly displayed on a notice board in the home. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

People who use this service were not easily able to tell us their views though a relative told us, “You’ll find nothing wrong here.”

We spoke with staff and asked them if they thought they were well led. Staff told us they felt well supported by the registered manager, “She’s there at the drop of a hat.” The registered manager praised her staff and told us, “They come in on their days off to organise things.” We noted that staff were there on the day of our inspection organising a birthday party for a person who used the service in their own time.

During our inspection the registered manager demonstrated that they had a clear idea of how they wanted the service to develop. We saw that she had guided the service through recent changes in both the people who used the service and their needs. For example end of life care and the care of people who lived with dementia.

There was a clear management structure in place. The registered manager reported directly to the area manager

who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the registered provider and the registered manager monitored the quality of the service provided at Rydal Mount. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The checks and audits were compiled into a single document which was then sent to the registered provider for analysis. This helped ensure that people were provided with a high quality service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.