Ryedale House Limited

Ryedale House

Inspection report

410 Narborough Road
Leicester
Leicestershire
LE3 2FR

Tel: 01162248605

Date of inspection visit:
07 June 2016
08 June 2016

Date of publication:
11 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 7 and 8 June 2016. The visit was unannounced.

Ryedale House is a residential home which provides care to people with mental health needs. It is registered to provide care for up to seven people. At the time of our inspection there were seven people living in the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager responsible for nursing was managing the service at the time of the inspection.

People using the service we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

People using the service told us they thought medicines were given safely and usually on time.

Staff were not always subject to checks to ensure they were appropriate to work with the people who used the service. The registered manager was following up a reference to obtain more detail to be able to properly assess risk to people living in the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed so staff were in a position to meet people's needs.

Staff were not always aware of their responsibilities under the Mental Capacity Act 2005 (MCA) so that people had an effective choice about how they lived their lives. The service had not always obtained legal approval for limiting people's choices when necessary for their best interests. There was no system in place to assess people's capacity to make their own decisions which meant people's choices to follow their own lifestyles could be limited.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People we spoke with told us they liked the staff and got on well with them, and told us of many times where staff supported them in a friendly and caring way.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were available to provide stimulation for people though this provision needed to be reviewed to offer more community activities for people.

People told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, staff and professionals were satisfied with how the home was run by the registered manager.

Statutory notifications of incidents had not been submitted to allow us to assess risk to the welfare of people living in the service

Management had carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential systems and been audited to provide assurance that people's needs had always been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff recruitment checks were not fully in place to protect people from unsuitable staff.

People told us said that they felt safe living in the service.

People had risk assessments in place to protect their safety.

Staff knew how to report any suspected abuse to their management, and staff knew how to contact safeguarding agencies if abuse occurred.

Medication had been supplied to people as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's consent to care and treatment was not always sought in line with legislation and guidance.

Staff were trained and supported to enable them to meet people's needs though more training was needed so staff were in a position to meet people's needs.

People had plenty to eat and drink and told us they liked the food served.

There was positive collaboration with health services.

Is the service caring?

Good

The service was caring.

People, their relatives, and an outside professional told us that staff were friendly and caring. We observed this to be the case in all interactions we saw.

Staff protected people's rights to dignity and privacy.

People and their relatives had been involved in planning to make people's needs.

Is the service responsive?

Good

The service was responsive.

People told us that management listened to and acted on their comments and concerns.

Care plans contained information for staff on how to respond to people's needs.

Care had been provided to respond to people's needs when needed.

Activities based on people's preferences and choices were available to them but community opportunities for people were limited.

Is the service well-led?

Requires Improvement

This service was not consistently well led.

Statutory notifications had not always been reported to the Commission.

People told us that management listened to and acted on their comments and concerns.

Staff told us management provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Systems had been audited in order to provide a quality service though audits had not been carried out for all essential services.

Ryedale House

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 was planned to check 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 7 and 8 June 2016. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience speaking with people to give their views about the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of people with mental health needs.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service, the registered manager, the deputy manager, four care workers and a community health professional.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they were safe living in the home. One person said, "It's the staff that makes me feel safe." Another person told us, "I feel safe here."

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and updated for risks, including falls and difficulty swallowing. The staff we spoke with were aware of their responsibility to report any changes and act upon them.

For example, one person was assessed as being at risk of choking . The risk assessment included relevant information such as they should be assisted to eat soft foods in an upright position to ensure they were protected against the risk of choking. This showed that information was available to staff to keep people safe.

Staff were aware of how to keep people safe. For example, to ensure that staff assisted a person to walk and try to make sure they did not grab other people who may have become aggressive if this had occurred.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, and fire records showed that there was a regular testing of equipment and fire alarms. Fire drills had taken place and there were personal evacuation plans for people to ensure they were kept as safe as possible in the event of a fire, though some plans were very general, and did not relate to people's individual circumstances. Fire drill records did not contain the names of staff members so it could not be ascertained who had had a drill and who had not. The registered manager said this issue would be addressed.

Staff recruitment practices were not fully in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for one staff member we found that the person had been subject to disciplinary action where they had previously worked providing care to people. Although a reference had been obtained from who they described as their manager at this employment, there was no evidence of this being the official reference from this employer. The registered manager said she would follow this up and told us she had taken steps to obtain an official reference.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. The procedure outlined that it was sufficient for staff recruitment that only character references would be taken up. The registered manager said she would amend that to state that relevant references from the management of previous employment needed to be taken up. This will then

ensure that people are protected from unsuitable staff.

Staff told us they believed there were sufficient staff on duty to ensure that people were safe. People also told us that staffing levels were sufficient to keep them safe. One person said, "There's always plenty of staff around." We saw a risk assessment in place for staffing levels which stated that for the night shift that if people were agitated then staffing levels would be increased to meet this need. Based on these issues, staffing levels appeared to be sufficient to keep people safe.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would report it to the safeguarding team if they did nothing about it." The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority to protect people's safety in safeguarding investigations.

One person told us, "Sometimes my meds are about an hour late." The registered manager said this was not the case and we found no evidence this had been the case. Another person said, "My meds have been explained to me what it's for and the side effects."

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by people trained and assessed as being able to do this safely. We looked at the medication administration records for people using the service. These showed that medicines had been given at the right times and staff had signed to confirm this. Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them.

There were medicine audits undertaken so that any errors could be quickly identified. Temperature checks for the fridge holding medication had been carried out to make sure the effectiveness of medication was safely protected. There were checks in place in the office where medicines were stored. This ensured that medicines were not exposed to heat which can result in them not working safely and effectively as they should.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with said they received the care and support they needed. A person told us, "If we need to see a GP the staff organise it for us."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "I think we get enough training to do the job. If I need any more I speak to the manager and she organises this."

All the staff we spoke with told us there were always opportunities to discuss their needs with a senior person to make sure they provided effective support to people.
The staff training matrix showed that some staff had training in essential issues such as medicines administration, protecting the health and safety of people and mental health conditions. However, this was not the case for all staff. For example, only half the staff had received training on mental health conditions. We saw that staff had not undertaken training in people's health conditions such as epilepsy and lung disease. The registered manager said she would arrange this training. This would mean that staff would be fully supported to be aware of and in a position to respond effectively to people's assessed needs.

The registered manager said that she would follow up these issues to ensure that staff had the proper skills to be able to effectively meet people's needs. She later sent us information on relevant training that staff will be attending in the near future.
We saw evidence that staff were expected to complete the care certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training.

We saw that some staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. Staff we spoke with struggled to explain their responsibilities in relation to the MCA. The registered manager said this issue would be addressed.

At this inspection we found evidence of mental capacity information in people's care plans but no individual assessments or best interest assessments. Where a person had been unable to make decisions themselves, the correct procedure had not always been followed to protect their rights under the Act. There was no form in place for assessing people's mental capacity. Since the inspection we have received information from the registered manager that MCA assessments are being carried out. We found that staff had limited a person's choice in relation to their alcohol use without going through the proper process. The registered manager said she would follow up this issue and make sure that all the people had been assessed with regard to this issue.

We asked staff about how they provided care to people. They said that they talked with them, put them at

ease and asked for their consent before supplying personal care. This showed us that they had awareness that they needed to seek people's consent as to whether they wanted to receive care from staff.

All the people we spoke with said they liked the food they were offered. One person said, "Food is always hot and fresh." Another person told us, "The food is alright, it's always prepared here and is always hot and fresh, we also have a choice." People told us that food was always available between meals if they felt hungry. We saw in a care plan that a person with swallowing difficulties were supplied with soft food, following the recommendation of the specialist health team. We found that there was a choice of main meals. Everyone said that drinks were available at any time. This prevented people suffering from dehydration.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

Staff told us that the GP would be contacted if a person was not feeling well. Records confirmed people were supported to access other health and social care services, such as GPs, dentists, opticians and chiropodists. People felt that their health needs were met. One person said, "I've seen a GP, dentist, optician and chiropodist since I've lived here." Another person told us, "If we need to see a GP, the staff organise it for us." There was also evidence of involvement of various health professionals in people's care records. This enabled people to receive the care necessary for them to maintain their health and wellbeing.

We spoke with a community nurse about the standard of health care at Ryedale House. The community nurse stated that staff were quick to refer people to health care professionals and they always carried out any identified tasks to maintain people's health care needs.

We looked at accident records. We found that where people had potentially serious injuries, such as a fall, staff had alerted the emergency services and people had been taken to hospital for treatment.

These issues showed people have been provided with an effective service to meet their health needs.

Good

Is the service caring?

Our findings

All the people using the service that we spoke with were positive about the staff. One person said, "All the staff are nice and treat me with respect." Another person told us, "Staff always treat me with dignity and respect." The health professional we spoke with said that staff were all kind and caring and she had no concerns about the friendly approach that staff had in relation to their dealings with the people who lived in the service.

The care at the home was set out in the literature of the service which set out the provider's expectations, which staff told us they knew of as the registered manager had informed them of this. This emphasised respect for people, encouraging independence, respecting privacy. This orientated staff to provide a caring service. We saw that the risk assessments in people's care plans encouraged staff to relate to people with, "Empathy, trust and warmth." We observed care interactions between staff and people living in the service and found that staff were friendly and caring.

Staff told us that they respected people's privacy and dignity. For example, they said they always knocked on people's doors and waited for permission before entering people's bedrooms. One staff member told us, "We try to make sure that we respect people here whatever they do." Staff described how they would preserve a person's dignity during personal care by covering any exposed areas with towels.

People's visitors were welcomed. One person said, "My mum visits every three to four days and she is made to feel welcome, the staff are friendly and always offer her a cup of tea."

Staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people who used the service had the opportunity to make choices about where they sat and whether they wanted to go out to persue their own independent activities.

Staff told us that people had choices as to how they lived their lives, such as when they got up or when they went to bed. People could choose what clothes they wanted to wear. People not interested in taking part in activities were respected in their choice in this matter.

There were some concerns about staff encouraging people's independence. One person told us, "If we want a hot drink we have to ask the staff as we are not allowed in the kitchen." Another person said, "I don't feel encouraged to help around the house…we only cook on cooking day." The registered manager said that people were able to use the kitchen and make a hot drink though, in terms of assessed risk for some people, only when there was staff supervision. She said she would remind people they could use the kitchen and staff were available to help them cook if they wanted to.

We found that staff respected people's cultural requirements. A person told us, "They get halal food for me." Another person said, "They respect my religious beliefs. "We also saw evidence in a person's care plan which indicated encouragement for the person to celebrate festivities from their cultural background.

There was evidence in people's care plans that either they, their representative, or both had been involved in setting up the care plan.

All these issues showed that staff presented as caring and friendly to people.

Good

Is the service responsive?

Our findings

People told us that staff looked after their care and health needs. One person said, "Staff spend time with us, I like that." Another person told us, "If there are any maintenance problems we tell the staff. Recently my toilet seat broke I told a member of staff and I got a new one." Another person said, "I feel staff listen to my concerns and act on them."

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them and they were able to provide information about people's preferences and likes and dislikes.

Care plans were in place and were regularly reviewed to ensure they still met people's needs. We saw a care plan which set out what staff needed to do if a person became agitated, such as distracting the person or withdrawing until they calmed down. This meant that plans contained information to assist staff to meet people's needs.

Staff told us that the registered manager had asked them to read care plans and they were able to tell us important information as to people's needs. However, one staff member had not been aware of the personal background of a person which meant that there was a risk that they would not be able to meet a person's cultural needs. The registered manager said that issue would be followed up.

People told us there were sufficient staff on duty to meet people's needs. Staff also told us that there were enough staff to be able to respond to people's needs. This told us that people's care needs were met within good time and they did not have to wait for an undue time to receive care responding to their needs.

A person told us their relative was able to visit regularly and was always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

One person told us, "I go out for meals sometimes." Another person said, "We have some activities, I like the scrabble." Staff said there were limited opportunities to pursue community activities such as swimming, the cinema, and walks in the park and some people would like to have these activities. The registered manager said that she would ask people if they wanted these types of activities and, if so, would include them into the routines of the service.

People told us they felt confident that they could approach the registered manager and issues would be dealt with. A person told us, "I know how to complain and I would feel comfortable complaining as the staff are easy to talk to, but I have never had a need to complain."

We looked at the complaints book. There had only been one complaint made. We saw that an investigation had been carried out on the issues concerned and action had been identified as needed, and this had been

carried out. The complainant had been informed in writing as to the outcome of their complaint with an apology given. This provided evidence that the service properly responded to complaints about the service.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. However, there was no information about how to contact the local government ombudsman if the complainant was not satisfied with the investigation carried out by the complaints authority. The registered manager said procedure would be amended and this issue would be included.

We looked at care records which showed that medical agencies had been appropriately referred to when needed. A health professional told us that staff acted appropriately to refer people for treatment when needed.

We saw records of accidents. We found staff had referred a person to medical services when they had a potentially serious accident. Staff told us that they were able to alert management staff to medical concerns and these issues were always properly followed up. People's health needs had therefore been responded to.

Requires Improvement

Is the service well-led?

Our findings

People who lived in the home knew who the registered manager was and thought the home was run well. They said they had no anxiety about approaching the registered manager if needed to and felt sure they would get a positive response.

One person told us, "The home has a relaxed atmosphere which I like." Another person said, "I'm working towards moving out and I have been getting lots of support from all the staff."

A staff member told us that all suggestions from staff were welcomed and that they were acted upon. For example, a staff member noticed that the doorbell was not working when a delivery person had left a parcel outside and had reported this. They said that this matter was quickly rectified. Another staff member told us, "I get really good support. I can ask anything and I am not made to feel stupid." All the staff we spoke with told us they could approach the management team about any concerns they had. One staff member said, "We are a good staff team and get the support we need."

Staff members we spoke with told us that the registered manager led by example and always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Ryedale House were always put first.

We spoke with a health professional who stated that the service was very well run by the registered manager. She praised the service given to her client and said the care provided was person centred and supportive.

In terms of opportunities for people to express their views about the service, the registered manager said that resident meetings had been held in the past but they have not been successful because people had not been interested in having them and had not attended. Instead she regularly spoke with people on an individual basis to see if they thought the care was meeting their needs. This view was supported by the people we spoke with.

Staff said that essential information about people's needs had always been communicated to them so that they could provide appropriate care that met people's needs. These are examples of a well led service.

There was some evidence that staff had been supported through individual supervision or staff meetings. The registered manager told us said that she regularly spoke with staff about their jobs but that these discussions had not been recorded to evidence this. She said she would do this in future, which would then provide evidence that supervisions covered relevant issues such as training and providing care to meet people's needs. We saw that there was an appraisal process in place on a yearly basis to measure whether staff knew how to meet people's needs and plan any training they needed. Staff confirmed that the registered manager acted on their views and suggestions when discussed during the appraisal process.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. We noted a high level of satisfaction with the running of the service. No issues were highlighted as needing attention. Surveys had also been sent to professionals and these were also very positive about the service. One professional stated, "I have always been extremely impressed by the care, attention and warmth shown by Ryedale house staff." Another professional stated, "Brilliant care, personalised, appropriate and kind. Excellent all round." Surveys returned from relatives were also very positive about the service.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included a medicine audit where relevant issues such as whether medicine was provided to people by trained staff and reasons why medicine had not been supplied to people.

However there were no audits in place regarding issues such, fire checks, maintenance checks, food hygiene, infection control and room audits. The registered manager said that audits would be put into place. She later contacted us with regard to audits being carried out monitoring care plans and the maintenance of the building.

Any incidents involving the police must be notified to us. We found that we had not been informed of incidents where the police had been involved. This meant we had no means of evaluating whether the service had properly dealt with the incidents to protect the health and welfare of people living in the home. The registered manager stated that because the incidents had not been serious, she did not think they needed to be reported to us. However, she now understood these statutory responsibilities and she stated she would inform us of such incidents in the future.