Ringdane Limited

Ringshill Care Home

Inspection report

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Date of inspection visit: 30 July 2015
Date of publication: 26/08/2015

Ratings

Is the service safe?	Good
Is the service caring?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 February 2015. A breach of four legal requirements was found. These were in relation to the care and welfare of people, the safety and suitability of the premises, the security of people's records and the assessment and management of the quality of the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the care and welfare of people, the safety and suitability of the premises, the security of people's records and quality assurance checks.

We undertook this unannounced focused inspection on 30 July 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements. We found that the provider had followed their plan which they had told us would be completed by the 30 June 2015 and legal requirements had been met.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ringshill Care Home on our website at www.cqc.org.uk.

Ringshill Care Home is a two storey building located on the outskirts of Huntingdon. The home provides accommodation for up to 87 people who require nursing and personal care. At the time of our inspection there were 54 people living at the home accommodated in single occupancy rooms. The home is split in three main units where people are cared for according to their assessed care or nursing needs.

The home did not have a registered manager in post. The current manager who had worked at the home since March 2015 was in the process of applying to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Action had been taken regarding the care and welfare of people. Staff respected people's dignity and privacy and provided care in a compassionate and sensitive manner

Action had also been taken regarding the safety and suitability of the premises. Staff had attended training and people were protected from hazardous areas and substances.

Action had also taken regarding the auditing and quality of care provided. The provider had effective quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. Actions had been taken to identify, manage and improve the management of people's wound care. Regular checks had been completed by managers in all areas of the service to ensure that the standards of care provided were up to the required standard.

Action had also taken regarding the safety and security of people's care records. People's care records were held securely. Staff respected people's confidential information.

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?

Good

We found that action had been taken to ensure the service was safe.

The provider had put measures in place to ensure risks to people's, staff and visitor's safety were managed effectively.

This meant that the provider was now meeting the legal requirements.

Is the service caring?

Requires improvement

We found that action had been taken to ensure the service was caring.

People were provided with compassionate and dignified care. People were supported by attentive staff. People were spoken with sensitively about their care and medicines support needs.

This meant that the provider was now meeting the legal requirements.

While improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistently monitoring the quality of the service and delivery of high quality care.

We will review our rating at the next comprehensive inspection.

Is the service well-led?

Requires improvement

We found that action had been taken to ensure the service was well-led.

The provider had put in auditing procedures to monitor the quality of the service.

There was a failing to conspicuously display the ratings in the home for people and visitors.

Ringshill Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Ringshill Care Home on 30 July 2015. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 13 February 2015 had been made.

The focused inspection was undertaken to check that the management of the home had systems in place to improve the quality and standard of people's care, that people's care was dignified, the premises were safe and suitable and that people's care records were kept secure.

The inspection team inspected the service against three of the five questions we ask about services: is the service safe; is the service caring and is the service well-led. This is because the service was not meeting legal requirements in relation to these questions.

This unannounced focused inspection was completed by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in dementia care.

Before the inspection we looked at all of the information that we held about the home. This included information from a local authority contracts manager; information from the provider's action report, which we received on 17 April 2015, and information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with 16 people, two people's relatives and a visiting health care professional. We also spoke with the manager, a visiting peripatetic manager, the residential manager, the deputy manager, two registered nurses, three care staff, and an activities co-ordinator.

We looked at five people's care records and staff meeting minutes. We observed people's care to assist us in our understanding of the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to the management of the service such as audits and quality assurance checks and surveys.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Ringshill Care Home on 13 February 2015 we found that the people were not protected against the risks associated with unsafe or unsuitable premises because access to hazardous areas was not managed safely.

This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During our focussed inspection of 30 July 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 15 described above.

People told us they felt safe and that no cleaning substances were ever left out or were accessible. A relative said, "I have been coming here for a few months now and I have never seen the (cleaning and sluice) doors open." Throughout the day we found that at all times we checked the sluice room doors were kept secure. Action had been taken to help ensure better sluice room access security. This was so that when the door was closed it automatically locked. We found that these locking mechanisms worked correctly. Signs were also prominently displayed to remind staff of their responsibilities. Only those staff who were authorised to do so, were able to access these areas.

We observed domestic cleaning staff who kept their cleaning equipment within sight and did not leave these unattended. This was so that people were not in the immediate area whilst cleaning was in progress. This helped ensure people were not exposed to unnecessary hazards. Care staff told us the recent training on the Control of Substances Hazardous to Health (COSHH) had really helped them understand how to keep people, staff and visitors safe from harm. Staff were able to describe how they did this and what precautions were needed, and were, in place. We saw that these standards were being adhered to. This showed us that the provider considered people's safety in relation to hazards in the home.

Requires improvement

Is the service caring?

Our findings

At our comprehensive inspection of Ringshill Care Home on 13 February 2015 we found that the People who use services and others were not protected against the risks of receiving care that was not dignified or inappropriate.

This was a breach of Regulation 9 (1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During our focussed inspection of 30 July 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9 described above.

All staff were seen to obtain permission before entering people's rooms. One care staff was heard seeking permission to enter a person's room, asking how they were and ensuring the person was comfortable before offering breakfast. Whilst offering support to the person we saw that staff were attentive, compassionate and took time to engage in polite conversation as well as supporting the person to eat in a dignified way. Staff were seen to offer a choice of a tabard or plastic apron. It was the person's choice. Staff checked that the person was well and if they needed anything else before leaving them to watch their favourite TV programme. One person said, "My favourite thing is the (quality of) general care provided. The staff always knock even though I like my door open."

Staff told us that the training and supervisions they had completed since our February 2015 inspection had enabled them to understand people's dignity much better. One said, "Respecting people's dignity is important. It's about what the person wants and we respect their rights. Another member of staff said, "Making a difference to people living with dementia, providing compassionate care and giving them time without rushing is what it is all about." We saw people being supported by care staff before they ate and whilst eating their meals whilst also chatting to them politely. This showed us that people's independence was promoted and staff were attentive.

During our SOFI observations we found people were supported to eat in a dignified way. One care staff was heard asking a person if they wanted their adapted cutlery to which the person 'nodded'. We saw that staff did not rush people, gave them time to eat each mouthful and ensured people were kept clean and respectful.

People could be confident that staff considered their privacy and dignity. We frequently heard staff speaking to people calmly, sensitively, in a caring and sincere manner. This included phrases such as, "How are you today [name of person]?" And, "Shall we cut it (food) up. Is there anything else I can help you with?" Everyone we spoke with was very positive about the care and support they received from the care staff. One person said, "It's (the quality of care) very good and the staff are good as well." "I've got no problem with (the care). I get looked after very well". Another person said, "All the staff are lovely. I can't fault the care I receive." While talking with one person in their room care staff knocked on the door to say that they had brought the person's clean clothing back. They asked if they could put them in the wardrobe and take the dirty clothes away for washing.

We observed nursing staff administer people's medicines. Nurses introduced themselves to the person and engaged in polite conversation whilst they supported people. The nurses explained to the person what the medicines were for and asked if the person was well. They also ensured the person was not in any undue pain and that additional pain relief was available if required. People were supported with their medicines in the privacy of their rooms.

At our comprehensive inspection of Ringshill Care Home on 13 February 2015 we found that the people's records were not held securely.

This was a breach of Regulation 20(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During our focussed inspection of 30 July 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 20 described above.

People told us that the staff made sure that their care records were held securely. A relative told us, "I see my [family member's] care plan and staff then put it back in the office." We saw signs to remind staff to keep doors closed and locked when unattended. Throughout our inspection staff were attentive to these instructions. One person said, "Staff are clearly aware (of their responsibilities) and look after my records (care plan)." We checked each office, nurses station or other records storage area and we found them to be locked and secure. Staff told us that the manager and deputy manager conducted walk rounds to ensure that this standard was maintained. We observed

Requires improvement

Is the service caring?

staff and they ensured that care records and people's confidential medical records were not left unattended. This meant that the security and confidentiality of people's records was maintained.

Requires improvement

Is the service well-led?

Our findings

At our comprehensive inspection of Ringshill Care Home on 13 February 2015 we found that some of the quality assurance audits were ineffective to ensure that people were kept safe and were in receipt of quality care.

This was a breach of Regulation 10(1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During our focussed inspection of 30 July 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 10 described above.

Since our inspection in February 2015 a new manager had taken up their position on 23 March 2015. Their application to become registered with CQC was in progress. We saw that the manager spent time walking around the home, speaking with people staff and relatives. The manager was supported by a regional, deputy and residential manager. People and staff told us that they regularly saw the manager or deputy around the home. They also told us that the managers regularly sought people's views on anything that had required improvement. For example to the management of people's laundry. One staff said "I get on well with the manager. They have created a calm and relaxing place to work."

The provider had introduced a new approach and methodology to auditing various areas and subjects within the service. This was to ensure that people's wound care and management was effective. We found that any deviation from community nursing guidance would be quickly identified. We saw that the specified period between dressing changes for people's wound care had been complied with.

We found that the reviews and progress of people's wounds was monitored and any improvement or change in the person's skin condition was recorded. Body maps and records were kept on the progress each person had made. In addition, staff told us that the accurate monitoring methods and recording now in place was much better at identifying if any additional referrals to health care professionals were required. This showed us that the new processes and procedures in place were now effective in ensuring adherence to people's wound care.

Staff told us that as well as audits the whole staff team including agency nurse worked as one. The deputy manager told us that information was now shared much better. We saw in meeting minutes we looked at that staff were reminded of their responsibilities for COSHH and health and safety and keeping people's records secure. This had helped drive improvement in the safe management of people's wound care and records confidentiality.

During our inspection we found that the provider was not correctly displaying our previous inspection report rating for 13 February 2015. The manager told us he was not aware that this had to be displayed as a sign and not just the actual report. A copy of our inspection report was on display in the entrance area to the home. We checked the provider's web site and the rating was displayed there correctly with a link to the Care Quality Commission's web site and the provider's report. However, providers must display, in the care home, at least one sign showing the most recent rating of the provider's overall performance.