

Arthur Bunting

Ryehill Country Lodge

Inspection report

Pitt Lane
Ryehill
Hull
Humberside
HU12 9NN

Tel: 01964624245

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ryehill Country Lodge is a residential care home providing personal to 23 people living with dementia and aged 65 and over at the time of the inspection. The service can support up to 24 people.

People's experience of using this service and what we found

Governance systems were not effective. Systems in place did not identify areas requiring improvement we found at this inspection.

People's prescribed medicines were not always stored safely. Records were not always completed in line with the provider's policy.

We made a recommendation regarding the storage and record keeping of medication.

Activities were carried out by staff which meant these opportunities were limited.

We made a recommendation regarding activities.

Improvements had been made to the environment to ensure it was safe for people. Refurbishment work had been carried out in the main communal areas. Further work was required with regards to the cleanliness of the service. People told us they felt safe, and there was adequate staff to meet their needs.

Staff received induction, training and supervision to support them in their roles. People were given choices of meals, and they were happy with the food available. People's health care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and respected people's privacy and dignity. People were encouraged to make daily living choices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 02 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. At this inspection not, enough improvement had been made/ sustained, and the provider was still in breach of regulation 17.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Ryehill Country Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Ryehill country lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, two

senior care workers, one care worker and the chef. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed some of the policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed ensure the premises was safe and the risk to people were mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection, a plan to improve the environment had been implemented and there had been a huge amount of refurbishment work completed to ensure the environment was safe for people. Further work was still ongoing, for example where hand rails were chipping and required repair.
- The laundry area had been fully refurbished and safety measures put in place to ensure the environment was safe.
- Where risks to people had been identified, risk assessments were in place to try and mitigate the risk.
- We found one security concern regarding access to the building. The registered manager addressed this immediately at the time of inspection.

Preventing and controlling infection

- The environment was not always clean. Improvements had been with regards to the cleanliness of the service since the last inspection. However, we found some areas that still required improvement, for example stains on carpets and dirt under toilet seats. The registered manager had recently employed new domestic staff and assured us she would continue working with them to improve standards.
- Personal Protective Equipment was available to staff and this was used when appropriate.

Using medicines safely

- People's prescribed creams were not always stored safely. For example, we saw one person's cream had been stored in another person's medication cabinet and had no lid on. The registered manager discarded of this during the inspection.
- We saw another person's medication record had been misplaced into the wrong bedroom.
- Best practice guidance in relation to medicine management had not always been followed. For example, when adding entries to the medication administration records staff had not double signed to ensure accuracy.

We recommend the provider reviews systems in place to ensure safe management of storage of peoples prescribed creams and record keeping.

Systems and processes to safeguard people from the risk of abuse

- People at the service told us they felt safe. One person told us, "I like it very much here and am quite happy. I feel safer here than at home."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Staffing and recruitment

- Recruitment checks were completed; however, records were not always kept or accurate to evidence checks were carried out in line with the provider recruitment policy.
- People told us there was sufficient staff around.
- The registered manager monitored the service to identify if staff levels were sufficient. This had resulted in staffing levels being increased on a morning due to peoples increased support need.

Learning lessons when things go wrong

- The registered manager monitored accident records to identify trends. However, the systems in place were not always effective.
- When accidents had occurred in communal areas, CCTV was used for the management team to review these to look for lesson learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported within their role. They received an induction when joining the service and ongoing training to ensure they kept up to date with best practice.
- Staff were happy with the training they received and told us if they wanted additional training this was sourced. One staff told us, "We do all the mandatory training and I asked for wound care training and I have just done this."
- Supervisions were carried out to support staff in their role and give them opportunity to raise any concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Peoples likes, dislikes and support need regarding nutrition were recorded in their care records, and staff were aware of these.
- Different food options were available in relation to people's beliefs, likes and dislikes.
- We observed the meal time experience and found this to be a pleasant experience. People told us they were happy with the food on offer.

Adapting service, design, decoration to meet people's needs

- A large amount of work had been carried out to improve the environment for people. This included decorative work, and replacement of chairs and carpets.
- The service had separate areas where people could choose to spend the time. For example, they had a 'quiet area' with a few seats and a television for people who wanted to spend time in a quieter environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider used recognised tools to assess people's needs in relation to pressure care and nutrition.
- People were supported to access health care services such as doctors and dentists.
- Any health care needs were recorded in people's individual care records.
- One health professional told us, "This is one of the best services I work with. There are no problems with safe care and treatment. I get the full cooperation of management and staff, I have no concerns about the service."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

At the last inspection we recommended the registered manager seek advice and support from a reputable source to ensure people's rights under the Mental Capacity Act 2005 were upheld and recorded appropriately. At this inspection improvements had been made.

- Staff sought consent from people prior to supporting them.
- Capacity assessments and best interest decisions had been carried out and recorded.
- Staff recognised restrictions on people's liberty and appropriate authorisations were in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person told us, "The staff are wonderful, they think about you personally."
- People's diverse needs were recorded in their care plans and respected by staff. We saw the service took into consideration people's beliefs. For example, vegetarian options were available.
- We saw positive interactions between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- People were encouraged to make day to day choices. One person told us, "Everybody is very kind, you can do as you like, I always have a glass of whiskey to take to bed with me, I like to get up when I want to, this means a lot to me."
- Nobody was using an advocate at the time of inspection. However, the registered manager was able to give examples how advocacy had been used in the past having a positive impact for people. Information was available in the service regarding the use of advocates.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Care records were kept securely, so confidentiality was maintained.
- Staff told us the importance of encouraging people's independence and gave examples of how they do this with tasks such as personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider arranged for outside companies to provide entertainment for people. For example, singers and animals visiting the service.
- People told us there were activities available to them. One person said, "We have quizzes and today we have something to do."
- During our inspection, we observed some activities were available which people enjoyed. However, these were limited and were carried out by care staff when they had free time. Staff told us, "We try to do an activity every day, sometimes we don't always do them for long that's probably when we could benefit from more support."

We recommend the provider reviewed the activities provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and contained person centred information such as people's life history and their likes and dislikes.
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to be helped.
- Staff knew people well, one relative told us, "Yes [Name] gets person centred care, they know her very well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were assessed and recognised. The service used picture cards and large print documents to support people who had communication needs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was followed and on display in the service.
- The service kept a log of any minor concerns raised and addressed these in a timely manner.
- People told us they were confident to report any concerns or complaints and that these would be addressed.

End of life care and support

- Nobody was receiving end of life care and support at the time of inspection.
- People's wishes regarding end of life care had been discussed and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Although improvements had been made following the last inspection, quality assurance systems and processes in place were not fully effective. They failed to identify and address the concerns we found during the inspection with regards to the environment, cleanliness, medication and activities.
- Accident and incident monitoring was not always effective. Monthly audits had not always pulled through all incidents that had occurred due to a technical error with the system.
- Records were not always completed or accurate regarding recruitment checks. Audits had failed to identify this.

The lack of effective oversight and monitoring of the service meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
- We received positive feedback from people and their relatives regarding the management team.
- Staff said they felt supported by the registered manager.
- The provider was aware of duty of candour and acted accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Satisfaction surveys were carried out to gather feedback on the service. The results of these were analysed at the time of inspection.

- Meetings were held with people and their relatives were people's opinions were encouraged to be shared. Meetings finished with a sing along, which people enjoyed.
- The provider was looking to develop this area further by setting up a electronic visitors' book. When people sign out of the service it would ask a series of questions regarding their stay. This would allow for continuous learning.

Working in partnership with others

- The registered manager attends forums to develop partnership working.
- The service worked in partnership with health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality of service that people received were not always effective. Regulation 17 (1) (2) (a) (b)