

Dukeries Healthcare Limited

The Ridings Care Home

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

About the service:

The Ridings Care Home is an 83 bed care/nursing home supporting people with dementia. At the time of our inspection there were 81 people living at the home. The building is divided into six separate households. The six households are situated on three floors and divided into areas to support people with different dementia related care and support needs. This included; three dementia care unit for older people, two dementia care units for people of a working age and one nursing unit.

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

People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve. Staff were aware of the risks to people and how to manage those risks.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People could maintain friendships and contact with families, and when needed had access to advocates.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and calm. People told us their cultural and religious needs were being met.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role. Staff had received an induction that provided with the training, information and support they required to effectively and safely meet people's needs.

Audits were completed by staff and the registered manager to check the quality and safety of the service. The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

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

Rating at last inspection: The last rating for this service was Good (published 10 July 2017).

Why we inspected: This was a planned comprehensive inspection based on the rating of good at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Ridings Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, an assistant inspector, a specialist advisor who was a registered nurse and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: The Ridings is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People using the service are older adults, some living with dementia or a sensory impairment.

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:

The inspection was unannounced. We visited the location on the 25 November 2019.

What we did before the inspection:

We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection:

We looked at six people's care records to see how their care was planned and delivered. Other records we looked at included staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with 10 people living at the service and five relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with five care staff, senior care staff member, kitchen staff member, deputy manager and registered manager.

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

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 safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "We have to be aware of safeguarding issues working in a care home. There are many types of abuse that can occur such as financial, verbal, physical and neglect". Another staff member told us, "If I witnessed or became aware of abuse I would report it to the managers. If the managers were unavailable I would contact the local authority or CQC". One person told us, "They look after me, I'm safe here". A relative told us, "[Name] is very safe here, they know how to meet [Name's] needs".

Assessing risk, safety monitoring and management

- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire. We found the plans required more information to be person-centred such as having instructions for staff members to take if a person was unable to mobilize downstairs. The registered manager confirmed he would arrange for all plans to be updated to reflect people's individual needs.
- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident who was at risk of falls had a detailed risk assessment which gave staff members instructions to follow such as reassuring the resident, ensuring equipment is fit for purpose and areas are free from obstacles. One relative told us, "Since [Name] has been here the number of falls they have had has reduced. At the previous home [Name] was falling regularly. At the Ridings the staff have put equipment in [Name's] room and got professionals involved to reduce chance of [Name] having a fall".
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "The risk assessments have all the information I need to keep people safe".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said, "If a resident is distressed I will always talk to them, ask them do they want to go to their rooms or a quiet lounge, I just try to reassure them".

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a

consistent staff team. One relative said, "When I visit there is always enough staff supporting people".

- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Relatives told us people received care in a timely way. One relative told us, "Staff always respond to [Name] in a timely manner"
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered The registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free. One relative said, "The home is clean and well maintained".

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, a resident who had a fall had their risk assessment updated, immediate actions taken were recorded and a review was conducted.

Is the service effective?

Our findings

Effective- this means 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessments of people's needs were comprehensive and expected outcomes were identified. Regular reviews were taking place with people, relatives and healthcare professionals. We saw care staff did record people's changing health conditions, and people and relatives we spoke to confirmed they were involved in the development of the service they received.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "[Name's] confidence has improved since they have been here, happy now to do activities and talk to other residents".

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had systems to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "I have regular supervisions, the sessions are productive, I can discuss any concerns, development or training."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us they enjoyed it.
- People and their relatives' feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires. One relative told us, "The food is appealing, [Name] would not eat it if it wasn't good".
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the person's food and fluid intake and liaising with other professionals.

Staff working with other agencies to provide consistent, effective, timely care

Staff worked alongside other agencies to provide person centred and effective care. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT).

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, people could access optician and dental visits.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. We checked four people who had a DoLS authorised and staff acted in accordance with this.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- The premises provided people with choices about where they spent their time.
- The service had considered the impact decorations such as pictures and floor coverings could have on people living with dementia. Inappropriate decorations could make some people confused and anxious. We discussed with the registered manager improvements that could be made in relation to signage to assist people with Dementia locating toilets and lounges. The registered manager told us, "It's something that we have discussed, and we are working towards improving the signage around the home. Many of our residents have Dementia so it's important that we make the environment as comfortable for them as possible".
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.

Is the service caring?

Our findings

Caring – this means 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 received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "They [Staff] are very kind", "They are kind and respectful, quite pally really. They will come whenever I need them.". A relative told us, "She's always in neat clothes, always kept beautifully clean." Another relative told us, "When staff know I'm in here, they will come into the room for a chat. They are friendly and approachable." Another relative told us, ""They always take the time to talk to you".

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

- Relatives confirmed staff involved them when people need help and support with decision making. People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response. A relative told us, "The manager is approachable and always there for a chat or quick update".
- We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support people in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "They are very good at gathering information and providing things that are important to people such as cultural food items, interests and religious items."
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "We are involved in decisions, staff call us and let us know if they have been any changes. Even when we visit they will give us a quick update on what [Name] has been doing."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- People had opportunities to take part in a range of activities such as chair Zumba, animal and reptile visits, cake baking and quizzes. Resources were available for people to use, which were placed in every communal area, such as; games, books and puzzles. We observed an overreliance on the two activities coordinators to engage with people to do fun activities. We raised this with the registered manager who told us that he was aware that carers were not actively involved in activities. The registered manager told us, "We are such a large unit that we need carers to be involved in the activities when they are not completing care tasks. I will be raising this at the next staff meeting, I also believe this is a development opportunity for our carers."

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management. We

reviewed a recently completed relative survey, response were positive.

- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.
- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

Is the service well-led?

Our findings

Well-Led – this means 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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the management team. One relative told us, "The manager and staff are good and approachable, any issues big or small are dealt with". A staff member told us, "The registered manager is seniors are approachable and they want to provide a high standard of care".
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I have no problem raising concerns". Another staff member said, "The managers and seniors are there to talk to about any issues or reporting any concerns".
- The manager was aware of the legal responsibility to notify us of incidents that occurred at the service. The ethos of the service was to be open, transparent and honest. The registered manager and deputy manager worked alongside staff and led by example.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.

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 understood their legal responsibility to be open and honest with people when things went wrong. The records of Duty of Candour activities were recorded as part of the complaints procedure. There had not been any duty of candour incidents at the time of this inspection.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff. There were clear lines of responsibility across the staff team.
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team carried out audits to monitor the quality of the service.
- A training matrix monitored that staff were up to date with training and planned future training needs.
- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line

with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "I think the best about us is that we are happy to take on people with more complex needs. Everyone should receive a good standard of care and that's what we do".

Continuous learning and improving care.

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.