

Mr T Ryan

Ryan Care Residential

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

Ryan Care Residential is a residential care home registered to provide accommodation and personal care for up to 15 people, including people living with dementia. At the time of our inspection 14 people were living at the home.

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

People told us they felt safe living at the home and there were enough staff to support them. One person said, "Oh yes I'm safe, I only have to press the button and [staff] are there in seconds." Systems were in place to protect people from abuse and new staff were safely recruited.

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.

People's needs were effectively assessed before they were supported by the home and staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. All the feedback about the food and drink at the home was positive. One person said, "The food is excellent, I can have a drink or snack anytime I want."

All the people and relatives we spoke with gave us positive feedback about the staff at the home and we saw the staff knew the people they were supporting well. One person commented, "[The staff] are all great, I'm amazed by them. They're all looking after us."

People's care plans reflected their needs and gave staff the information they needed to support them. People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred. There was also a good range of activities on offer to people living at the home.

People and their relatives told us the home was well-led. There was a kind and caring culture amongst staff at the home and the health and social care professionals we spoke with gave us positive feedback about the leadership of the home.

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 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Ryan Care Residential

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

This inspection was carried out by one inspector.

Service and service type

Ryan Care Residential 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 checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and 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 this information to plan our inspection.

During the inspection

We spoke with three people who lived at the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care worker and other care workers. We also spoke with a GP and social worker visiting people at the home on the day of our inspection.

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 three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available in various places throughout the home.
- Records showed that staff at the home took appropriate action when any such concerns arose.

Assessing risk, safety monitoring and management

- We found that the home was well-maintained, and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.
- Fire safety at the home was well-managed.
- People had personalised risk assessments in place and these were reviewed regularly.

Staffing and recruitment

- We looked at staff rotas and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly throughout our inspection.
- People told us they felt there were enough staff at the home. One person said, "Oh yes I'm safe, I only have to press the button and [staff] are there in seconds."
- Staff were safely recruited by the home. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- People and their relatives told us that staff supported them with their medicines correctly and at the right times.
- The home also had systems in place to ensure the safety and quality of medicines administration was maintained.
- We noted the home had made several improvements in this area following a visit by the local authority in February 2019 and was continuing to make further improvements, such as improving the quality of 'as required' (PRN) medicines guidance and documentation and further training for senior staff on assessing staff competency.

Preventing and controlling infection

- During our inspection the home was exceptionally clean and free from unpleasant odours. Staff at the home clearly took pride in maintaining the cleanliness and appearance of the home.
- We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care.
- This meant staff and people were protected from the risk of infection being spread.

Learning lessons when things go wrong

- We saw accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- Staff we spoke with knew how to safely and effectively manage these situations.
- Records showed that appropriate action had been taken in response to any accidents and incidents that had occurred. Staff regularly reviewed this information to help identify any emerging patterns or trends that needed addressing.

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 good. At this inspection this key question has remained good. 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 effectively assessed before they were supported by the home. This ensured staff had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the home and staff received ongoing training relevant to their roles.
- The home's training tracker was not up-to-date and made it difficult to monitor training completion rates at a glance. However, the electronic training system held the up-to-date information. We cross-checked several staff training records and found they had indeed completed their training. We discussed this with the registered manager as an area for improvement.
- Staff were supported with regular supervisions and annual appraisals. This provided staff and senior staff with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us they felt well-supported in their roles.

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

- People were supported to have enough to eat and drink and this was appropriately recorded by staff.
- People were offered drinks and snacks regularly throughout our inspection.
- We found that people's preferences and needs were considered, and staff had access to this information both in people's care plans and in a summarised format in the kitchen.
- We observed positive mealtime experiences, during which staff attentively supported people.
- The food we tasted during the inspection was tasty, freshly prepared and well-presented.
- All the feedback about the food and drink at the home was positive. Comments included, "The food is excellent, I can have a drink or snack anytime I want" and "The food is great, staff are very welcoming and always offer food and drink to visitors."

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

- Staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. This included assisting people to access other healthcare services when necessary. One person said, "The staff have helped me to see a doctor or dentist whenever I've needed to."
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare

professionals in a timely manner, such as GPs, district nurses, dietitians, speech and language therapists.

- The health and social care professionals visiting people at the home on the day of our inspection gave us positive feedback about the home and told us staff always listened and acted upon their advice.

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

- People had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere and appearance of the home was homely and people looked comfortable and relaxed in their surroundings.
- There were adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible; the policies and systems at the home supported this practice.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

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 good. 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

- All the people and relatives we spoke with gave us positive feedback about the staff at the home. Comments included, "[The staff] are all great, I'm amazed by them. They're all looking after us" and "The staff are first class, [relative's]care is first class and they're very happy here."
- Staff knew the people they were supporting well, including their needs and preferences. For example, one person needed regular interaction to prevent them from becoming agitated and we saw staff providing this support well.
- Staff at the home treated people as individuals with individual needs.
- We observed many warm, friendly and caring interactions between staff and the people living at the home throughout our inspection.

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

- People told us that staff supported them to choose how they spent their time. For example, one person explained, "I was involved in agreeing my care plan." They also explained how they enjoyed being able to go back to their room when they wanted for some "peace and quiet".
- Records showed that people and their relatives were involved in making decisions about their care and we were told there was good communication between staff, people living at the home and their relatives.
- Staff supported people to access advocacy services where this was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's privacy and treated them with dignity and respect. We saw examples of this, such as discretely communicating with people when assisting them to the toilet from communal areas.
- One person commented, "[The staff] respect my privacy, I can always go and get some peace."
- People living at the home had been supported by staff to maintain their appearance and wore suitable clothing for the weather.
- We found that people's confidential information, such as care plans, was stored securely in the office and only people who required access could do so.

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 good. This meant people's needs were met through good organisation and delivery.

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

- The care plans we looked at reflected the needs of the people living at the home and were regularly reviewed. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- The structure of the care plans was not always consistent and some care plans contained more detail than others. We discussed this with the registered manager as an area for improvement.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred.

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.

- Care plans contained information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them.
- Staff at the home considered the individual ways people needed to be given information so they could understand it. None of the people living at the home at the time of our inspection had any particularly complex or specific communication needs.

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

- There was a good range of activities on offer to people living at the home, such as chatting about current affairs, dance exercises, hoopla, tin can alley, arts and crafts, bingo, bean bag toss and seasonal activities including making Easter bonnets.
- Staff also supported people living at the home to go out on day trips as a group. For example, people had enjoyed day trips to Chester Zoo and Southport. One person said, "There's plenty to do and the trip to Chester Zoo was a lovely day."
- During our inspection a ukulele band visited the home and gave one of their regular live performances which many people living at the home enjoyed.
- The home also assisted people to keep up with their religious preferences. For example, representatives from local churches regularly visited the home.

Improving care quality in response to complaints or concerns

- The home had not received any formal complaints since our last inspection. However, the home had relevant policies and procedures to manage this when required.
- People told us they would feel comfortable raising concerns if necessary and we saw information about making a complaint was accessible.

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.
- Staff were supported with relevant training to meet people's needs when necessary and the home had links with other relevant health professionals to ensure people's end of life care needs were effectively met.
- The home had also started developing a relationship with a local hospice for additional training, guidance and support.

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 good. At this inspection this key question has remained good. 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; and how the provider understands and acts on their duty of candour responsibility

- There was a kind and caring culture amongst staff at the home. Staff treated people with respect and there was a very good rapport between the staff and people living at the home.
- Staff and the visiting health and social care professionals gave us positive feedback about the registered manager and their leadership of the home.
- The registered manager understood their responsibility regarding the duty of candour and there was an open and transparent culture at the home.
- All the people and relatives we spoke with were familiar with the registered manager; they felt they could approach them with any concerns and any issues would be addressed. One person commented, "[The registered manager] is really good, excellent, always there, she really cares."

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

- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- The registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- There were clear lines of accountability and a stable management team at the home.
- The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

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

- All the people and relatives we spoke with told us staff at the home sought their feedback and involved them.
- The registered manager had made efforts to gather people's feedback about the service provided through rolling satisfaction questionnaires, but the number of responses received were limited. We discussed this with the registered manager as an area to develop and find alternative ways to improve the amount of feedback information gathered.
- Records showed that the registered provider also held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

Continuous learning and improving care

- The registered manager had a range of regular audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to medicines audits.
- The registered manager attended the local authority's provider forum, along with a local registered managers group. These meetings gave services the chance to build relationships with other care providers in their local area and share ideas for service improvement and best practice.

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- We saw that referrals to other health services were managed well and appropriately followed up on.