Conags Care Limited

Ryhope Manor Care Home

Inspection report

Stockton Road
Ryhope
Sunderland
Tyne And Wear
SR2 0LS

Tel: 01915211980

Date of inspection visit:
17 September 2018
21 September 2018

Date of publication:
15 October 2018

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

This inspection took place on 17 and 21 September 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ryhope Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Ryhope Manor Care Home accommodates 29 people across two floors in one adapted building. The service provides accommodation for people with nursing and personal care needs. Some of the people using the service had a dementia type illness. At the time of the inspection there were 21 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

This is the first inspection of this service under the management of Conags Care Limited, who registered with CQC to manage this service in September 2017. We last inspected this service in January 2017 when it was managed by another provider.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. We have made a recommendation that the registered manager formally records what proof of identification has been checked when recruiting new staff.

Staff were supported in their role via appropriate training and regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Ryhope Manor Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint. The provider had an effective quality assurance process in place. People, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People were involved in their care and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

Ryhope Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 21 September 2018 and was unannounced. One adult social care inspector carried out the inspection. It included a visit to the home on both these dates to speak with the registered manager and staff, to review care records and policies and procedures, and to carry out observations.

During our inspection we spoke with four people who used the service and six family members. In addition to the registered manager, we also spoke with the provider, two care staff, one maintenance staff and one health care professional. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

Good

Is the service safe?

Our findings

People felt safe at Ryhope Manor Care Home. They told us, "Yes, I feel safe" and "Safe? Yes." Family members told us, "I feel it's safe. There seems to be plenty of staff on duty", "[Name] is safe here. There's always someone in the lounge" and "Safe? Definitely. There's always plenty of staff on."

Staff recruitment records showed that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. Records had been checked to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and these registrations were in date.

Records did not always show what proof of identity had been obtained from each member of staff. We discussed this with the provider and registered manager who told us when proof of identity such as passports, birth certificates and driving licences had been checked, they were returned to the member of staff.

We recommend the provider maintains a record of what proof of identity has been checked for each member of staff.

We discussed staffing levels with the registered manager and looked at staff rotas. We observed staffing levels in the home and saw there were sufficient numbers of staff on duty to keep people safe and engage in activities. People who used the service, family members and staff did not raise any concerns regarding staffing levels at the home.

Accidents and incidents were appropriately recorded. A management report was produced detailing any investigations and what action had been taken. The report also included whether the accident could have been prevented, whether correct procedures were followed, and whether anything could be learned from the accident or incident. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. This meant the provider had taken seriously any risks to people and put in place actions to reduce the risk of accidents occurring.

The provider had a safeguarding policy and procedure in place, and additional guidance was available from the local authority. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibilities regarding safeguarding and staff received training in the protection of vulnerable adults.

The home was clean and suitable for the people who used the service. Regular health and safety checks and

infection control audits were carried out, cleaning schedules were in place and up to date, and appropriate personal protective equipment (PPE) and hand wash were in place and available.

Maintenance was ongoing at the home, including refurbishment on the first floor, servicing and maintenance of the electrical wiring and main lift. Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Portable Appliance Testing (PAT) and gas servicing records were up to date. The registered manager told us all the windows had been fitted with new window restrictors. We saw these were in place in the rooms we checked.

Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place, fire drills took place regularly, fire safety equipment checks were up to date and personal emergency evacuation plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a secure cabinet in a locked room. We observed a medicines round and saw the trolley was locked when left unattended. Temperature checks were carried out to ensure medicines were stored at a safe temperature. A sample of medication administration records (MARs) were checked and found to be in order. Staff had been appropriately trained in the administration of medicines and monthly audits were carried out.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "I'm very happy here" and "We have a laugh." Family members told us, "They tell me when the doctor's been and keep me informed", "The staff are all lovely", "I think it's absolutely fabulous in here" and "I can't say highly enough of them [staff]. They are so friendly" and "It's brilliant. It's the best thing that ever happened to us." A health care professional told us, "The staff have a good knowledge of people's needs" and "If ever you want things put in place for people, they do it."

Staff received training relevant to their role. This included moving and handling, fire safety, first aid, health and safety, food safety, mental capacity, safeguarding, and infection control. The registered manager monitored training compliance and where training was due, we saw it was planned. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service. A detailed pre-admission assessment was carried out that recorded people's individual needs. People's needs were continually evaluated in order to develop support plans.

People were supported with their dietary needs. These needs were clearly recorded in individual nutrition support plans and we saw kitchen staff had access to the information. Where required, guidance had been sought from dietitians and speech and language therapists (SALT). This guidance was recorded in support plans and risk assessments. We found one person's choking risk assessment had not been dated and the level of risk had not been calculated. We discussed this with the registered manager who actioned it immediately.

We observed lunch and saw staff supporting people when required. The mealtime experience was pleasant and people were visibly enjoying their food. A pictorial menu was available to assist people in choosing what meal they would like.

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. 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. We found the provider was following the requirements in the DoLS and staff had been suitably trained in the MCA.

The service had sought consent from people for the care and support they were provided with, and for the sharing of information and photography. Where people were unable to provide consent, this was recorded.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed people and family members had been involved in the decision-making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, district nurses, dietitians, SALT and hospital appointments.

Some of the people who used the service were living with dementia. To help people orientate around the home, we saw that bathroom and toilet doors were painted a different colour and were appropriately signed. People's bedroom doors were easily identifiable. Handrails were painted a different colour to the walls to make them stand out. We found improvements were required to provide visual stimulation for people with dementia and discussed this with the registered manager. They showed us a copy of their dementia strategy, which included plans for improving visual stimulation for people with dementia.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Ryhope Manor Care Home. Family members told us, "They are very kind here", "As soon as we walked in we just fell in love with the place", "They look after you [visitors] as well as the residents", "They are great with the people", "When I walked through the front door I felt comfortable" and "They treat me like they treat [name], like family." A health care professional told us, "They [staff] are very caring."

People we saw were well presented and looked comfortable in the presence of staff. Staff spoke with people in a polite and respectful manner and interacted with them at every opportunity. People were assisted by staff in a patient and friendly way. For example, we observed people being supported to go downstairs on the stair lift. Staff told people what they were doing and continually reassured them. Examples included, "I'm going to belt you in so you are safe" and "There'll be a nice cup of tea waiting for you."

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "They respect [name]" and "No concerns there [with privacy and dignity]." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Staff supported people to be independent and people were encouraged to care for themselves where possible. Care records described what people could do for themselves and what support they required. For example, "I require full assistance to undress", "Staff are to explain to me step by step with short sentences throughout showering and offer me the flannel to wash myself" and "I should be given support to maintain my independence, ability and confidence with regards to my personal hygiene."

People's preferences and ability to make choices were clearly documented in their care records. For example, "I like to go to bed early", "I do prefer to have a shower two to three times weekly" and whether there was any preference for male or female staff. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

People were supported with their religious and spiritual needs where required, and these were documented in care records. The registered manager told us bible readings were arranged for people who wanted to attend.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us advocates were used by two of the people who lived at the home.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated. Records were person-centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Each person's care record included important information about the person, such as next of kin, medical history, diagnosis and details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members.

Support plans included skin integrity, nutrition, mobility, overall health, dementia, mental health, personal care, continence, night care, environmental control, medication, last wishes, end of life care, and mental capacity. These described people's individual needs and how staff should support them. For example, one person was at risk of skin damage. Their support plan described the equipment in use and the actions staff were to take to support the person to maintain good skin integrity. Appropriate monitoring tools were in use and were up to date. Guidance had been sought from relevant health care professionals and a risk assessment was in place.

Daily records were completed for each person. Records we saw were accurate and up to date.

People were supported with their end of life care needs. Support plans were in place that described people's preferences for their end of life care, who they wanted to be contacted and whether they had any funeral arrangements. These had been written in consultation with the person and their family members.

The provider protected people from social isolation. The service employed an activities coordinator and we observed several activities taking place. Group activities took place in the ground floor lounge and one to one activities were also carried out in people's rooms based on their individual needs. People were supported to access the local community, such as pubs and shops. Family members were encouraged to join in with the activities, such as bingo and gardening. Family members we spoke with were complimentary about what was available at the service. They told us, "They [staff] do stuff with them. They go down the pub with them every month, dancing and enjoying themselves" and "They are always interacting with them, we see it all the time."

The provider's complaints policy and procedure was made available to people and visitors. This described the procedure for making a complaint and how long it would take to receive a response. There had not been any formal complaints recorded at the service. People and family members we spoke with did not have any complaints about the service but were aware of how to make a complaint.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since September 2017.

We spoke with the registered manager and provider about what was good about their service and any improvements they intended to make in the next 12 months. They told us the refurbishment plans were ongoing, including work on the outside of the premises. Although the service had good links with the local community, such as the local nursery school, pub and events in partnership with other homes in the area, the provider told us they wanted to improve those local links. They planned to provide leaflets to local elderly people to see if they wanted to attend and take part in events at the home.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We found the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The registered manager carried out a variety of audits that included; care records, medicines, infection control, health and safety, maintenance, and cleaning. Audits we viewed were up to date and where issues had been identified, actions were in place. For example, the maintenance audit in August 2018 identified a fire door needed replacing. This was in the process of being actioned.

Meetings for people and their family members took place every couple of months. These included discussions on the activities available at the home and links with the local community. People and family members were also asked to complete satisfaction surveys to provide feedback on the quality of the care at the service. These were collated and where issues were raised, discussions were held with the person completing the feedback and actions carried out as required.

The service had a positive culture that was person centred, open and inclusive. Family members, told us, "She's [registered manager] wonderful", "She's [registered manager] understanding" and "They ring me straight away to let me know what's going on." A health care professional told us, "[Registered manager] is very caring."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I wouldn't be here if I didn't enjoy it" and "It's a lovely place to work."