Anchor Trust

The Ridings

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 2 December 2014. This inspection was unannounced which meant that the provider did not know we were completing an inspection on that day.

The previous inspection of this service was carried out on 31 October 2013. The service was found to be meeting all of the standards inspected at that time.

This location is registered to provide personal care and accommodation for up to 48 people. At the time of our inspection 46 people used the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The provider had not consistently ensured that people were safe at the home. Assessed staffing levels were not consistently maintained to ensure people received

Summary of findings

support from the right number of staff at all times. Staff told us that they were short staffed on afternoon shifts and that they were completing laundry and kitchen duties which took them away from care duties.

Records around consent to care and treatment were not always recorded in line with legislation and guidance. People could not always be assured that their wishes with regard to resuscitation would be carried out as consent forms were not recorded accurately.

Not all care plans were up-to-date. The provider had not always followed their own policy to ensure people's care plans were regularly reviewed and updated. Daily records had not been completed in all cases in people's care plans. This meant that staff may not be following care plans to ensure people's most current needs were met.

People were supported by staff who were competent to carry out their work. Staff received on-going supervision and appraisals to monitor their performance and development needs.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them. People we spoke with and visitors praised staff and told us they were caring, friendly and helpful. We observed staff interacting with people during the inspection and found that staff had positive and warm relationships with people who used the service.

People were supported to take part in hobbies, activities and outings in line with their preferences.

The service demonstrated adherence to good practice in caring for people with dementia. We observed staff used people's personal belongings and memorabilia to improve people's memory recall in people's rooms. We observed the use of familiar images in corridors and shared spaces to assist people to orientate themselves around the home.

There were audit processes in place. We found breaches of regulation in both staffing requirements and record keeping. The systems were not effectively operated to address the concerns we found to continually improve and develop the service.

The registered manager and most staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were not always maintained to ensure people received appropriate support to meet their needs at all times.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

There were systems in place to ensure staff were suitable to start work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Consent to care and treatment was not always recorded in line with legislation and guidance. People could not always be assured that their wishes with regard to resuscitation would be carried out in accordance with their wishes.

Some people's care plans and daily records were not up-to-date. The provider could not demonstrate that people received care in line with their most current needs and preferences.

Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request health, social and medical support to help keep people well.

Is the service caring?

Good

The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People told us and from our observations we saw that people were treated with respect and dignity by staff.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in hobbies, activities and outings in line with their preferences.

Summary of findings

The service followed good practice in caring for people with dementia. Staff used people's personal belongings and memorabilia to improve people's memory recall. There were familiar images in corridors and shared spaces to assist people to orientate themselves around the home.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were audit processes in place. We found regulatory breaches in both staffing requirements and record keeping. The systems were not effectively operated to address the concerns we found to continually improve and develop the service.

The provider encouraged people to comment on how the service was provided to influence service delivery. The provider demonstrated what actions they had taken to actively address people's comments and feedback.

The Ridings

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector and a specialist advisor. The specialist advisor had specialist skills and experience in dementia care.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to the inspection and used it to help in our inspection planning.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We used a number of methods to inform our inspection judgements. On the day of our inspection we spoke with 11 people who used the service and one visiting relative. We also spoke with the registered manager, the regional manager, the care dementia advisor, the administrator, four members of care staff, the activities co-ordinator and one visiting health care professional. 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 looked at nine people's care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

Requires Improvement

Is the service safe?

Our findings

We asked people about staffing levels at the home and received mixed feedback from people we spoke with. One person told us: “Staff come to see me when I press my buzzer. I get support quickly” and “The staff come quickly when I press the buzzer.” One person told us: “They always sort me out straight away; unless they are really busy” and another person said: “There doesn’t seem to be so many staff here now.” One person told us “Sometimes I have to wait up to half an hour when I call my bell, but not often though. Sometimes I have to wait twenty minutes.” A visiting health care professional told us: “There seems to be enough staff” and “I can usually find someone quickly when I visit.”

The provider completed a dependency assessment for each person. This assessed people's level of dependency which informed the registered manager how many staff were needed to meet people's needs. We observed completed dependency assessments in people's care plans. We heard call bells ringing and noted that they were readily responded to during our time at the service.

Three members of staff told us shifts were not always covered with the provider’s assessed staffing levels. This occurred mainly on afternoon shifts due to staff sickness. Staff told us that they had been covering laundry and kitchen duties in the absence of staff in addition to their daily care duties and that no additional staff had been put on rotas to reflect this. This was to cover staff annual leave and other unavoidable staff absences.

Staff told us: “The morning shift is good. There has been some problems getting staff for the afternoon shift. Sometimes we only have four staff where we should have six. This can make it difficult because you need two staff to do double ups [two staff providing care to one person] and then there are only two staff remaining. They [team leaders] try to get cover. You can feel a bit rushed and don’t always have a lot of time. Staff chip in and work together to answer call bells. There have been no incidents due to staffing levels".

The provider had not ensured adequate staff numbers to cover staff absences. The provider was in breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulation 2010: Staffing.

The staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and of their duty to report information of concern to the registered manager. We looked at training records which confirmed this. The provider had policies and procedures in place for dealing with any allegations of abuse.

One staff member said that one person they supported had made a personal choice to stay in bed every day. The person was at risk of acquiring pressure sores. The staff member said they actively encouraged the person to get out of bed but it was there personal choice not to. They said they regularly discussed the possible risk of skin breakdown with the person to enable the person to make an informed choice about possible risks involved in their decision.

During our inspection we looked at care plans which contained risks assessments and the actions staff should take to reduce the identified risks for each person. The risk assessments for people’s mobility needs included specific guidance to staff on the number of staff needed and the equipment to be used in order for staff to move people safely. One staff member we spoke with, identified which people needed the help of two people to transfer and walk safely. One staff member talked about someone who had swallowing difficulties and explained the person had mashed foods and thickening agents in their drinks to reduce the risk of them choking.

We saw recruitment checks had been made to ensure staff were of good character before they started work at the home. The staff records we looked at contained two references and criminal records checks for all staff. The registered manager told us and we saw that staff criminal record checks were reviewed every three years. This was intended to ensure that people were kept safe and supported by staff of good character.

We looked at how medicine was managed at the home. One person talked to us about their medicine. They told us: “I have my medicine four times a day. Staff bring it to me when I need it.” One team leader told us: “One of my key responsibilities is medication. I have had external training and have access to policies on medicines management.”

We observed a staff member checked the medicine due and appropriately dispensed it to the person. They locked

Requires Improvement

Is the service safe?

the cabinet and then returned to the cabinet to sign for the medicine given. This meant the provider ensured that people received medicine correctly and that medicines were stored securely and accurately recorded in line with best practice.

We saw that the provider followed relevant professional guidance about medicines management. The system provided staff with descriptions for all medicines, a clear code system to document when they had administered medicines and a clear process for monitoring medicine stock levels. Staff carried out monthly audits to ensure people were provided with the correct medication. We spot checked 12 people's Medicine Administration Records (MAR) and found staff had accurately recorded medicine administered.

Requires Improvement

Is the service effective?

Our findings

We discussed record keeping with staff. Staff told us they did not always have time to complete records. One member of staff told us: "Team leaders regularly update records. However daily records are not always done. There are time constraints with completing records."

Not all care plans and daily records were up-to-date. The provider had not always followed their own policy to ensure people's care plans were regularly reviewed and updated. There were some gaps in the recording of care plan reviews. The provider stated that these should be completed every month. Not all care plans had been updated on a monthly basis. One person's last review was recorded on 13 September 2014, with the previous one completed on 27 April 2014. The provider had not completed consistent daily records in people's care plans. We found for one person, the provider had not completed daily records on five separate days in November 2014. We found similar findings in two additional people's daily records. We found no evidence of negative impact for people however this may mean that staff were not following the most current care plan for people who used the service.

We looked at Do Not Attempt Resuscitation (DNAR) consent forms and found two forms had not recorded discussions about the decision with the person, relatives or other professionals. Discussions should be conducted with the individual if they have mental capacity and those individuals who represent the person if they lack capacity and their views recorded. On one form there was a signature entry by a member of ambulance crew, but no medical review noted. Resuscitation Council guidelines state the DNAR form should be signed by the most senior clinician with overall responsibility for the care of the individual. For these people that should be the GP.

One DNAR form demonstrated inconsistencies in the decision as to whether resuscitation would prove successful and of benefit to the person. It was not clear from the provider's records whether people's wishes could be adhered to regarding resuscitation, as information in these two cases had not been consistently recorded. We discussed this with the provider. They acknowledged that these consent forms had not been completed in line with legislation.

The provider had not kept accurate and consistent records for people who used the service. The provider was in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulation 2010: Records.

People we spoke with were happy with the skills and competency of staff. One person told us: "Staff are competent. They are aware of my needs. Some staff have been here for years" and "There are different staff coming in who need to be trained. You have to get to know people. There is a mixture of staff. The less experienced staff work with more experienced staff."

Staff said they had regular supervision to discuss their work and an annual appraisal of their development needs. Staff had completed an induction before working at the home. This included training in safe moving and handling, fire safety, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role.

One member of staff told us: "I have completed an induction and a 12 week review with the team leader. I have access to training here. I had manual handling training on the job and the team leader has done spot checks." Another member of staff told us: "I get supervision every four weeks and have completed training. We get reminders when we need to update on training courses" and "We get regular updates on training we need to do. I use my skills to train up new members of staff."

Staff told us they had regular training updates and were supported to undertake further training in dementia awareness courses. One staff member told us about someone who kept forgetting to use their walking frame. They told us they painted the walking frame a bright colour and labelled it with the person's name to jog their memory. This helped reduce the risk of this person having falls.

The registered manager and staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. At the time of our inspection no DoLS applications had been submitted for people at the home. The provider had identified that five members of staff were required to complete this training as identified by their training audit.

Requires Improvement

Is the service effective?

Staff we spoke with understood their responsibilities under the MCA. One staff member told us they would inform the team leader if someone's mental capacity changed. They would look at possible health issues impacting on the person's mental capacity and involve people's GP where needed. They told us they would refer people to the memory clinic for further assessments. They told us where people lacked capacity around a specific decision, they would involved the person, their relatives and staff who knew them well, to make decisions in the person's best interests.

Most people told us they enjoyed the food provided and were offered choices. People told us: "The food is really good. Staff would give me other food if I wanted it" and: "I can have what I want to eat. They [staff] would make me something else if I wanted it" and "The menu is alright for me. There is always an abundance of food. They come round with drinks and snacks". One person said: "There is more than enough food. The portions are too large for me. Fruit is always available. I would like more vegetables. The puddings are good here."

One relative wrote a card which read: "Thank you very much for the all the care you gave [my relative]. They enjoyed their stay with you, particularly the food."

As part of our visit we completed an observation in the dining room at lunchtime. We saw where people were independent in eating meals, staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. We saw that staff checked whether people liked their meals and whether they wanted more food and drink.

We observed that staff showed people the choices of the lunch menu, by physically showing the food, thus assisting the person to make an informed decision. We observed one member of staff supporting a person to eat. The member of staff was attentive, focused on the individual, and assisted the person to eat at their own pace. The staff member spoke in a warm and reassuring manner throughout the meal.

Care plans we looked at contained nutritional assessments and associated care plans. There was evidence of the use of dietary supplements for people who needed additional nutrition. There was evidence of speech and language therapy referrals and instructions for staff to support people with eating and drinking difficulties.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw the relevant healthcare professional had been contacted to assess their needs. One person told us: Staff get me a doctor when I need one."

A visiting health care professional told us: "The staff know the likes and dislikes of [people] and how best to approach them and whether I need to be accompanied by a member of staff or not. We are always contacted quickly if our service is needed. The staff are good at following any advice we give. For example, with pressure damage, we look at the equipment that is needed and suggest turning regimes and creams and the staff always follow the advice."

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People had praise for staff and spoke positively about the care and support they received. People told us: “Staff talk to you. They are very caring” and “It’s a quiet place and the staff are helpful” and “It’s comfortable here. Everybody is pleasant and I have good relations with everyone” and “The staff are very good. They listen to what you have to say they are caring. They look after me and nothing is too much trouble.”

We looked at comments from cards relatives had sent to the provider since the last inspection. Comments read: “[My relative] was well cared for and safe. Their dementia presented the occasional challenge. You considered [my relative’s] welfare and mine” and: “Thank you so much for all your kindness to our relative whilst they were with you” and: “The Ridings was a real and wonderful home for [our relative]. For this we thank all the carers who are such lovely people, always smiling and happy and ever patient. We are so impressed by the way they always ask residents what they want and explain what is happening” and “Thank you for all you did for [our relative]. We couldn’t have asked for more care and attention from anybody.”

One visitor to the home told us: “There is something special about this place. It is calm and staff are welcoming.” A visiting health care professional told us: “The staff are always very friendly.”

We observed that staff interacted with people in a warm, professional and pro-active manner. Staff were gentle and reassuring in their manner and approach to people.

We checked to see whether people were involved in making decisions about their care. People's care plans clearly recorded their likes, dislikes and choices. Care plans showed that people had choice in care plan delivery, for example there was evidence of people refusing personal care and food and drink. People had signed their care plans to demonstrate agreement to the overall care and treatment planning.

One staff member told us they gave people choices when providing them with personal care, to include choices about what they wanted to wear, this ensured that staff actively involved people in the care provided.

We observed one staff member crouched down to someone’s eye level to engage in conversation with them. This person wanted to go to bed, so the staff member supported them to go to bed in line with their choice.

We asked people whether staff respected them and maintained their privacy and dignity. One person told us: “They treat me with respect” and “The staff respect you.” We observed that doors were shut when staff delivered personal care to people in their rooms. We observed staff knock on people’s doors before entering. Everybody we spoke with said that staff treated them with respect and ensured their dignity.

Staff were aware of the need to treat people with dignity and respect. One staff member told us: “I knock on people’s doors and introduce myself. I use towels to cover people and explain what I am doing and give people choices.” Another told us: “I pull curtains, close doors and ensure people are covered with towels when giving personal care.”

Good

Is the service responsive?

Our findings

The provider had a complaints policy to enable people to make complaints. We saw there were comments slips where people could make comments or suggestions about the home. People told us they were aware of how to make a complaint and were confident they could express any concerns. Most people told us that they had not needed to make a complaint. There was no evidence of recorded complaints made since the last inspection. The registered manager told us this was the case.

On the day of our inspection, one relative advised of a complaint they made the day before as their relative's call bell had not been responded to promptly. The registered manager said they had identified that staff had been in a meeting instead of answering the person's call bell. They told us that discussions with staff had already been held. They told us this was not recorded as the relative had only recently made the complaint.

People and those acting on their behalf were involved in the assessment and planning of people's care. People's care plans contained a "consent to care and treatment" form. Two of the forms were signed and the third had an entry stating that the person was "unable to sign".

We found an activities board in the corridor which showed activities and events that people could take part in. One person told us: "I like to go out. I choose what I want to do. I am getting ready for Christmas and have been having a look around town for presents. There are lots of activities." In one person's room we observed an activities co-ordinator was undertaking a one-to-one activity with someone who was in bed. People were supported to go out of the home. We were told of routine pub outings and two people we spoke with confirmed that they were supported to go out shopping.

Comments taken from cards received since the last inspection read: "[My relative] started enjoying things like music, singing and dancing" and "[My relative] was very happy at The Ridings. The social activities gave them a new lease of life."

People were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation. One person told us: "My family is welcomed by staff." Another person told us: "I can spend time with my family when they visit. It is lovely to have my sofa and my own place."

One person's care plan identified that they had difficulties mobilising. Staff told us the person was referred to an occupational therapist for a mobility assessment. The person was provided with a motorised chair to enable them to mobilise more freely and to promote their independence.

The service followed good practice in caring for people with dementia. Staff used people's personal belongings and memorabilia to assist people's memory and reminiscence. There were images in corridors and shared spaces to assist people to orientate themselves around the home. We observed large communal spaces with an enclosed garden area, quiet rooms and places for people to explore. The service was working with the Alzheimer's Society on the 'WHELD' project (Well-being and health for people with dementia), which is a study into person-centred care, social interaction and use of antipsychotic medication for people with dementia. The provider's dementia practice was due to be reviewed soon as part of that study.

Requires Improvement

Is the service well-led?

Our findings

We found that staffing levels were not adequate to meet people's needs at all times. We found care plans, consent forms and daily records were not consistently and accurately completed. The quality assurance systems in place had not effectively addressed these issues.

Some processes were in place to monitor the quality of care provided. The provider completed health and safety and infection control audits every month to ensure standards of infection control and hygiene were maintained at the home. These audits were evaluated and where required, action plans were in place to drive improvements. For example we saw that the provider had carried out a deep clean at the home in October 2014 subsequent to an outbreak of sickness. This was identified as part of their infection control audit. We saw that the provider had serviced all slings used to support people to mobilise safely on 13 November 2014. This was identified in an action plan as part of the provider's health and safety audit. This meant the provider had used systems in place to ensure the health, safety and welfare of people who used the service.

People we spoke with did not express any concerns about how the service was managed. One person told us: “I would recommend it to anyone.”

People attended meetings each month to talk about the service and to make suggestions about how the service could be improved and to plan trips and events they could take part in. We saw minutes and actions recorded from these meetings. They documented ideas and suggestions people had to improve the service. At one meeting in July 2014 people had commented on the poor quality of meat in meals provided. In response to this the provider changed the meat supplier which resulted in improved quality of meat provided to people at mealtimes.

Staff told us they were informed of any changes occurring within the home and policy changes through staff meetings. This meant they received up to date information and were kept well informed. Staff told us the registered manager had an 'open door policy, they could talk to her and she would act on issues or concerns they had. Comments included: “[The manager] is there to talk to if I need to.” and “I would like more care staff meetings. They are usually every six weeks. The last one was cancelled.” This staff member said that they could approach the registered manager at any time to discuss any issues they had, as there was an open door policy at the home.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

The registered manager reviewed incidents and accidents to ensure risks to people were reduced and falls were investigated. Accident forms had been appropriately followed up by the provider. The registered manager told us and we saw that where people had falls they had been referred to the falls clinic. An additional twilight shift had been implemented in light of analysis of the times when people had falls to ensure there were additional staff on duty to monitor people at these times.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing In order to safeguard the health, safety and welfare of service users, the registered person had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **20.**—(1) The registered person had not ensured that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of— (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and (ii) the management of the regulated activity. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.