Arthur Bunting

Ryehill Country Lodge

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**

Overall summary

This inspection took place on 4 December 2015 and was unannounced. We previously visited the service on 25 June 2013 and we found that the registered provider met the regulations we assessed.

Ryehill Country Lodge provides accommodation and care for up to 24 older people and up to four people receiving day care each day. The service is in the village of Ryehill to the east of the city of Hull and has two wings named Cottage and Nielson. There are both single and shared en-suite bedrooms. The upper floor is accessed by a stair lift and there is parking to the front of the house for up to eight cars. There were 23 people living in the service and two people receiving day care at the time of the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People told us that they felt safe whilst they were living at Ryehill Country Lodge. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities for protecting people from the risk of harm.

Staff had been employed following the home's recruitment and selection policies and this ensured that only people considered suitable to work with vulnerable people had been employed. On the day of the inspection we saw that there were sufficient numbers of staff employed to meet people's individual needs.

Staff confirmed that they received induction training when they were new in post and told us that they were happy with the training provided for them. They told us that they felt well supported by the registered manager, could approach them if needed and received formal supervision. The training records evidenced that staff had completed training that equipped them to carry out their roles effectively.

People told us that staff were caring and that their privacy and dignity was respected. We found people were cared for by staff with a positive and responsive approach. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

Comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

People benefitted from a system of quality monitoring, to which they could contribute their views, be listened to and have a say in how the service was run.

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?
The service was safe.

People received their medicines at the times they needed them and in a safe way.

People who used the service were protected from the risks of harm or abuse because there were safeguarding systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities.

There were sufficient staff to safely care for people and staff were appropriately vetted to make sure they were safe to work with vulnerable people.

Good

Is the service effective?
The service was effective.

We found the provider understood how to meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met, and people told us they were happy with the meals provided by the service.

People were supported by trained and competent staff that received induction to their roles and were supervised by the registered manager.

Good

Is the service caring?
The service was caring.

People were supported by kind, caring and positive staff who took time to check people were happy with the care they received.

Privacy and dignity were upheld and people's independence was encouraged whenever possible.

Good

Is the service responsive?
The service was responsive.

We saw people had activities to engage in if they wished and were encouraged to keep relationships going with family and friends.

People had person centred care plans that recorded information about their lifestyle and their preferences and wishes for care and support.

There was a complaints procedure in place and people knew how to use it if they needed to. We saw complaints were responded to appropriately.

Good

Is the service well-led?
The service was well led.

There was a registered manager in post and there was evidence that the home was well managed.

Good

Summary of findings

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

The service had effective systems in place to monitor and improve the quality of the service. There were opportunities for people who lived at the service, staff and relatives to express their views about the quality of the service provided.

Ryehill Country Lodge

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.

The inspection was carried out on 4 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who was part of this inspection team had experience of supporting older people with dementia and other health problems associated with old age.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service from the registered provider. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the service.

During the inspection we spoke with seven people who lived at the service, five members of staff, the registered manager, assistant manager, two visitors and one volunteer.

We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a form that asks the registered provider to give some key information about the agency, what the agency does well and improvements they plan to make.

We observed the serving of lunch and looked around communal areas of the home and two bedrooms, with people's permission. We observed staff providing support to people in communal areas and we observed the interactions between people who used the service and staff. We spent time looking at records, which included the care files of three people and the medicine records for two people who used the service. We also looked at the recruitment, induction, training and supervision records for two members of staff and records relating to the management of the service.

Good

Is the service safe?

Our findings

All of the people who used the service that we spoke with told us they felt safe living at Ryehill Country Lodge. A visitor told us, "I'm very happy with [Name] here. I know that no harm will come to [Name]."

We asked staff how they kept people safe. One staff member told us, "I follow the policies and procedures such as using personal protective equipment (PPE), hand washing, infection control and clinical waste. I also make sure I am up to date with peoples care files."

Staff described how they supported people who occasionally became anxious and upset when other people came to the service. They said, "[Name] may become anxious and we always try and encourage [Name] to come into another part of the home where it's quieter" and "I always look at peoples risk assessments." The registered manager told us that no restraint practices were used at the service.

Any risks associated with a person's care had been assessed and were recorded in their care file. People had risk assessments relating to manual handling, falls, mobility and use of hoist and stair lift (if required). Risk assessments were reviewed regularly and recorded how risks could be managed by staff. The service also had generic risk assessments in place to reduce risks to people that used the service and staff. These included risk assessments for bathrooms, windows / patio doors, use of the sluice room and the garden. All of these had been reviewed in November 2015.

We observed one person being assisted with mobility and transferring with the use of equipment and saw that this was done safely. We heard staff giving instruction and encouragement at the same time. This meant that people were safely assisted with their movement, while being involved in the process.

We looked at documents relating to the safety of the premises. These records showed service contract agreements were in place which meant the premises and any equipment were regularly checked, serviced at appropriate intervals and repaired when required. The checks included electrical installation, firefighting equipment, portable electrical items and the stair lift. There was no gas used on the premises; we saw the hot water and heating was provided from a newly installed wood burning system that was sited in a large secure shed on the grounds and electricity was generated through solar panels installed on the roof of the building. In addition to this, day to day maintenance and safety checks were carried out by the home's handyperson, including checks on the call bells.

The service did not have a contingency plan in place. Contingency plans advise staff how to deal with unexpected emergencies, such as power failures and adverse weather conditions. We discussed this with the registered manager who assured us this would be addressed as it had also been raised during their contract review with the local authority.

We asked staff about arrangements in place in the event of a fire. We were told the procedure was to keep calm, access the service signing in sheet to check who was in the building and evacuate according to the procedure to the muster point. A muster point is a designated place or an area where people assemble in case of an emergency. We saw the last check of the fire system was September 2015 and deficiencies and evaluation of actions were recorded. Fire procedure signage was visible around the service and emergency evacuation slings were available in the event of a fire. These environmental checks and maintenance work helped to ensure the safety of people who used the service.

We saw the monthly accident audit. Any accidents that had occurred during the month were recorded and we saw they included details of the person concerned, the type of accident or incident, where the accident had occurred and any action needed. This information was also included in the annual report that was completed by the registered manager.

We spoke with the local authority safeguarding adult's team prior to the inspection. They told us they did not currently have any concerns with the service. We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. We saw safeguarding incident forms in the main lounge area for staff to complete anonymously if they had concerns. The registered manager told us staff could post these through a letterbox we saw in the main office. We saw a daily shift plan for staff which indicated which staff member was the safeguarding officer for the duration of the shift and safeguarding was discussed in meetings with people who used the service, their relatives and staff.

Good

Is the service safe?

Records evidenced that staff completed training on safeguarding adults from abuse. A staff member we spoke with was able to describe different types of abuse, and they told us that they would report any incidents or concerns they became aware of to the registered manager. They told us, "Safeguarding is about the way people are handled and spoken to. The registered manager tells us their door is always open for concerns."

We saw that safeguarding concerns were recorded, audited monthly and submitted to both the local safeguarding team and also the Care Quality Commission (CQC) as part of their statutory duty to report these types of incidents. This meant systems were in place to ensure people were safe and protected from the risk of abuse or harm.

We observed the administration of medicines and saw that this was carried out safely; the staff member did not sign medication administration records (MARs) until they had seen people take their medicine, and people were provided with a drink so that they could swallow their tablets or medicines. Staff had access to a procedure for the 'medicine round'. This gave clear instruction around personal protective equipment (PPE) to be used and advised staff to follow the persons MARs and for any handwritten entries to be signed by two staff members. Countersigning of handwritten records is considered best practice as the second check helps to reduce the risk of errors occurring.

Medicine was supplied by the pharmacy in blister packs; this is a monitored dosage system where tablets are stored in separate sections for administration at a set time of day. Blister packs were colour coded to identify the time of day the tablets needed to be administered; this reduced the risk of errors occurring. Blister packs were stored in the medication trolley, which was locked and secured to the wall in the lounge area of the service.

There was a suitable cabinet in place for the storage of controlled drugs (CDs) and a CD record book. Controlled drugs are medicines that require specific storage and recording arrangements. We checked recording on two peoples MARs and found this to be satisfactory. There was an effective stock control system in place and we saw that all medication not in blister packs had the date of opening recorded on the packaging to ensure they were not used for longer than the recommended period of time. The arrangements in place for medication to be disposed of were satisfactory.

There was a medication policy in place that included clear information for staff on safe ways of dispensing, administering and refusal of medicines, as well as topical applications, self-medicating, managing errors and household remedies. There was also a policy on covert medicines. This is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. The policies had been reviewed in September 2015.

We checked the recruitment records for two members of staff and these evidenced that only people considered suitable to work with older people had been employed. We saw that prospective employees submitted an application form and provided documents confirming their personal identity. We saw two employment references and a Disclosure and Barring Service (DBS) check had been obtained by the registered provider. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups. New staff received a copy of their job description and the services employee handbook; this ensured they were clear about what was expected of them.

The registered manager told us there were three care staff from 07.00am to 1.00pm and two care staff from 1.00pm to 4.30pm. We saw that there were this number of staff on duty on the day of the inspection. We were told that from 4.30pm to 10.00pm there were three care staff on duty and two staff provided the care and support from 10.00pm to 08.00am, with a senior staff member being 'on call' should they be needed.

The registered manager and assistant managers were on duty in addition to the care staff and we saw that the times of their shifts varied from day to day. The registered manager told us they did not use a dependency tool to identify how many staff were needed and that all management staff spent time working in the service with the people that lived there alongside the staff team. Ancillary staff were employed in addition to care staff; there was a cook and domestic on duty. This meant that care staff spent most of the day supporting people who lived at the service.

Good

Is the service safe?

On the day of the inspection we saw that call bells were responded to promptly and no one had to wait for support. Staff told us that staff numbers were not an issue and a relative said, “They always seem generally well covered and they definitely know what they are doing.” This showed us that there were sufficient numbers of staff on duty to meet the needs of people who lived at the service.

Good

Is the service effective?

Our findings

Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care file. A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf. People or their representative had signed consent to care forms to show that they agreed with their plans of care and support.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

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 noted there were three stair gates in Cottage wing; one at the bottom of the stairs, one across a person's bedroom door and one on a hallway leading to two bedrooms. There was one stair gate on Nielson wing across a person's bedroom doorway. Three of the gates were not in use at the time of the inspection.

The stair gate at the bottom of the stairs in Cottage Wing was closed at the time of the inspection and we saw a current risk assessment was in place for the use of this gate. We discussed the stair gates with the registered manager who told us that in recent years people using the service had fallen down the stairs and the gates had been used as a safety measure to reduce the risks of this occurring. However, these people no longer lived at the service. The registered manager assured us the only stair gate that was used was the one at the bottom of the stairs on Cottage Wing. The other three stair gates were removed during the inspection.

The registered manager told us the people who were at risk from falling down the stairs did not have capacity to consent to the safety gates and as a precautionary measure the registered manager had chosen to contact the relatives of people who may be potentially affected to ensure they were aware of them and happy with that arrangement. We saw two families attended best interest meetings to discuss least restrictive options for the safety of their relatives.

We saw one person's care plans included assessments of capacity and best interest meetings in respect of consent to two hourly checks during the night, consent to their care plan and on moving into residential care. A DoLS application had been submitted to the appropriate body in September 2015 about the person leaving the service unsupported. We saw another eleven people using the service were subject to a DoLS authorisation at the time of the inspection. This meant the service followed the correct procedure for ensuring peoples capacity was assessed and requesting and implementing DoLS.

We saw in care files that people had been asked to sign a document to record their consent to taking photographs, management of personal allowances, auditing of records and sharing information with health and social care professionals. We observed people were consulted about their care and that staff asked for consent before assisting people.

Training records evidenced that a small number of staff had attended training on MCA and DoLS and information on the MCA was displayed in the main lounge area of the service. In discussions, the registered manager and staff who we spoke with were aware of the principles of MCA and DoLS, how they impacted on people who used the service and how they were used to keep people safe. A staff member told us, "We always assume a person has capacity unless it is shown otherwise. I give time and support for people to make decisions and sometimes people make decisions that I may think unwise but as long as the decisions are done under the persons best interest that is fine."

We looked at induction and training records for two members of staff to check whether they had undertaken

training on topics that would give them the knowledge and skills they needed to care for people effectively. Staff confirmed they completed an initial day's induction which orientated them to the service and we saw this included professional attitude, team work, interpersonal skills, and competency checks, protection of people using the service and health and safety. Each new member of staff then went on to complete a Skills for Care induction and shadowed a more senior staff member for two days.

We saw from the training records the service considered essential training to include fire, moving and handling, safeguarding adults from abuse, infection control, food hygiene, MCA / DoLS, medicines and dementia. The training records we saw evidenced that staff had completed this training. In addition to essential training, some staff had attended training on risk assessments, challenging problems, diabetes, and end of life care, mental health, oral hygiene and falls.

Staff told us they had regular supervision meetings with their line managers. They told us that they found the meetings productive as they could talk about their concerns and practices. Records we looked at showed supervisions were held every two months and discussions included; observations, previous supervisions topics, policies and procedures, dignity practice, and training needs.

We saw that staff completed a 'handover meeting' at the start of each shift and we observed one of these meetings during the inspection. Staff discussed each person using the service on an individual basis focusing on the elements of care and support they had received during the day such as; food, drink, any activity, general health and wellbeing, medicines and any family visits. This meant staff had up to date information on the people using the service.

People who lived at the service told us that they had good access to GPs and other health care professionals. One person told us, "The doctor visits me when I need it and a physiotherapist visits me every week. The staff always remind me to do my exercises." A relative told us, "If [Name] needs a doctor or nurse the staff always see to it and let me know." We saw records in peoples care files of any contact with health professionals such as GP, pharmacist and district nurses; this included the date and the outcome of the visit. We noted that advice received from health care professionals had been incorporated into the appropriate section of the care file and details of hospital appointments and the outcome of tests / examinations were also retained with people's records. This meant people using the service had their health care needs met and staff had easy access to information.

In the quality assurance records we saw documents that recorded monthly health observations for each person who lived at the service. This included the date, the person's weight and malnutrition and pressure sore risk screening. This enabled the registered manager to have an up to date record of each person's general health.

People had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff.

Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink. We saw evidence that there was a positive staff approach to encouraging those who were reluctant to eat or had difficulty in eating and drinking, with staff focusing on the person throughout the meal.

We asked people who used the service what they thought of the food and drinks. One person said, "It's very good, not as good as my [Name of relative] but I still enjoy it." Another person said, "It's lovely. [Name of cook] is very good."

The cook was able to tell us the likes / dislikes of individual people using the service and said alternative choices are always offered. They said, "I like to serve peoples meals as it gives me contact with people living here or else I would not see them. This way I can get feedback on the meals as well."

People were given a choice of where to eat their meal. Observation of the lunch time meal showed that the food was presented very well, tables were laid with napkins and small vases of flowers, and the dining area was very bright and airy. We saw a menu board in the dining room with a choice of two meals available and people were asked what they would like to eat. People were served their main meal on a plate and condiments were available on the dining tables. Everyone was provided with a hot or cold drink and we saw additional drinks were offered and available in fridges located in the lounge throughout the day.

Staff sat and chatted to people and the people with each other so there was a relaxed and enjoyable atmosphere in the dining rooms. One person was encouraged to sing a

Good

Is the service effective?

song by staff who then joined in and other people offered a round of applause at the end. People were asked if they would like more to eat and this was given where requested. The food looked appetising and people said the food was good and that they enjoyed mealtimes.

Staff told us food intake charts would be implemented when nutrition had been identified as an area of concern. No one using the service at the time of the inspection had any issues with food intake. However, we were able to see previously completed food intake charts that were used to monitor a person's food and noted these had been completed consistently. People were also weighed as part of nutritional screening. This ensured people's nutritional intake could be monitored to promote optimum health.

We looked at two people's bedrooms with the permission of the occupants. We noted each door had their name, a picture of them and the name of their key worker; the rooms were personalised with photographs, clothes and peoples personal belongings. Observations showed that staff respected the fact that the bedrooms were people's private space and they knocked and waited for permission before entering. We asked one person using the service what their views on their room were. They told us, "I am very happy with it."

We observed that people who could mobilise independently went to and from the toilets / bathrooms and their own rooms during the day. The interior of the service was well maintained, warm and comfortable and the conservatory had double doors leading to a clean, tidy and secure garden area with seating and views of the countryside.

Good

Is the service caring?

Our findings

During the inspection we observed that staff had a kind, considerate and caring manner with people who used the service and they knew people's needs well. We observed good interactions between the staff and people, laughter could be heard often and friendly and supportive care practices were being used to assist people in their daily lives. People who used the service and their relatives told us, "I'm quite happy, they are good, caring people", "They are always kind" and "They seem to have a good sense of humour."

One relative told us their family member had originally come to the service for respite for one week and after arriving back home requested to go back to the service to live. They told us, "I know they keep an eye on [Name]. It puts my mind at rest to know [Name] is not left in a corner feeling depressed."

We saw that staff worked calmly around people and spoke with people when they walked past them. They said, "Hello" or "Are you ok?" and always spoke directly to the person using their name. We saw many examples of staff speaking to people in a calm tone of voice and manner, making eye contact and speaking with people at their level throughout the inspection.

Staff told us they read peoples care files and this gave them up to date information on the person. One staff told us it was very important to have the right approach to people, particularly those people living with dementia or a sensory loss. They told us, "It's all about how you approach people. [Name] is hard of hearing and likes touch. I put my hand on [Name] shoulder and let them know I am there." This showed that staff understood it was important to acknowledge people and that staff cared about their wellbeing.

Care files recorded what people's strengths were and what they needed assistance with. Staff told us that they supported people to do as much as they could for themselves. One member of staff said, "I always get to know the person as everyone is different and can do different things for themselves."

We found that people who used the service were immaculately dressed in clean and smart clothes. Their hair was brushed and they had on appropriate footwear. A staff member told us, "I always ask the person what they want to wear" and relatives told us, "They always put [Name] jewellery on; they know what [Name] likes" and, "They do really well for [Name]. [Name] is always clean and smart."

We saw that relatives / visitors came to the service throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend. Relatives told us that staff always seemed pleased to see them. We noted that relatives were greeted by their first names. This enabled people to maintain relationships with people who were important to them.

People and their relatives told us that staff respected their privacy and dignity and said that they always knocked on doors before entering their room. One person using the service said, "They always draw the curtains when you're getting ready and always knock on doors too." Staff described how they protected a person's privacy and dignity, such as knocking on doors before entering the room, using signage available for bathroom doors so people know the room was in use and not talking about someone in front of others to protect confidentiality.

The registered manager told us that no one using the service currently required advocacy support. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. They told us one person had no family but had full capacity so did not require the support of an advocate.

Good

Is the service responsive?

Our findings

We looked at the care files for three people who used the service. We saw they held initial assessments which identified specific areas of need and people's usual day and night time routines. A care plan and risk assessments had then been developed for the element of care required. People's care plans included personal hygiene, continence, mobility, eating and drinking, emotion, communication, leisure / interests, night care, medical and finance. Life histories described in detail peoples family lives, past employment and interests, and additional information indicated peoples preferred names and likes / dislikes.

Peoples care plans recorded their strengths and needs and the persons capacity in making decisions around each area of the plan. We saw that every four weeks each care plan was summarised to show what the person had achieved. We checked the care plans and saw that they were reviewed and updated in-house each month. In addition to this, more formal reviews were completed periodically by the local authority to check that the person's needs continued to be met by the service. A relative told us, "The care file is reviewed every six months and I am always able to have input." This meant that care plans were up to date and reflective of the person's current care needs.

A relative told us they had noticed their family member was having difficulty when getting dressed and had asked the staff if their relative could have more support with this. They told us the staff had already noticed this and changes had been made to the persons care plan immediately. This meant people received the most up to date care and support they needed.

On the day of the inspection we saw that people were encouraged to take part in activities. We saw a white board that displayed 'activity of the morning' which was target practice and a mobile shop. The service had one volunteer who came in once a week and was involved in providing a sweet trolley, shopping for toiletries and clothing, buying cards and presents on behalf of the people who used the service and to run activities in-house. We saw all of the people using the service benefitted from the sweet trolley on the day of the inspection. People were able to independently choose what they wished to buy and this was clearly an enjoyable event for people.

A volunteer and staff told us about activities they organised at the service which included games, musical afternoons, visits to garden centres and fairs and more individual activities such as colouring, dominoes and manicures. One relative told us their family member was encouraged to engage in activities and recently they had gone out on a trip provided by the service. They told us, "I didn't think [Name] would go, but they did and I was very surprised and pleased." Another relative told us their family member had attended a family occasion and staff had ensured that they were dressed neatly and had their hair done. The staff had taken a photo and the relative told us they were overjoyed to see them looking so nice for a family celebration. They said, "[Name] looked beautiful. I couldn't have wished for any better. The staff go above and beyond here."

We saw there was a complaint policy and procedure in the entrance to the service and that records of complaints, compliments and comments were held. There was documentation available to record any verbal complaints people made and to record more formal written complaints. We checked the complaints log and saw that one complaint had been received in the last 12 months. The records included details of the complaint, the investigation undertaken, the outcome and the complainant's satisfaction level. People we spoke with and their relatives told us they knew they could take their problems to the staff or the registered manager and they thought their concerns would be looked at properly. There was evidence that complaints were used as an opportunity for learning. One person using the service told us, "I complained the food was cold. It's been hot ever since. They certainly listen to you here."

Good

Is the service well-led?

Our findings

People we spoke with told us Ryehill Country Lodge was a nice place to live. They told us, "We get on well with the manager and [Name of manager] has an open door policy." Staff told us, "There are different groups of staff. [Name of manager] treats everybody fairly and we all get on and help each other out."

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. This meant the registered provider was meeting the conditions of their registration.

We saw different methods of communication that were used to encourage open dialogue between the registered manager and the staff team. This included communication books, handover meetings and staff meetings. Staff told us they received good support from the registered manager. They said, "[Name of manager] has told us the door is always open if we need to talk."

The registered manager told us that they felt well supported by the registered provider and that they had a strong relationship. The registered manager told us that this relationship enabled them to respond effectively to the needs of the people who used the service. They told us, "This is not our home it is the client's home. Whatever they want they will have. We have had a tracking hoist fitted for one person to help with their mobility and we have a good relationship with the district nurse teams if people need equipment to support them."

Meetings were held with care staff and senior staff so they could focus on specific issues. We saw staff discussed topics such as shift plans, on call rotas, MCA and DoLS, safeguarding and training at these meetings. Meetings took place on a monthly basis for people living at the service and their relatives. We saw the meeting held in November 2015 was used to discuss upcoming events, any new staff and safeguarding, and the minutes of the meetings were displayed on the service notice board. This meant people were consulted where possible.

In addition to the meetings, people who used the service and their relatives told us they took part in regular surveys of the service. We saw people living at the service completed monthly questionnaires on topics such as personal care, and food and drink. This provided an opportunity for people to provide feedback to the registered manager and make suggestions that could improve the quality of the care and support provided. We saw that as a result of a survey the service had introduced snacks and fruit into the lounge snack bar. This showed us that people's views were listened to.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. We saw audits were completed monthly on areas such as fire safety, water temperatures, care plans, falls / accidents, personal care, medicines and complaints / compliments. This meant any patterns or areas requiring improvement could be identified.

We saw that the home had a statement of purpose that was available for staff, people living at the service and relatives to view. This provided a clear philosophy of the service's values, how they would motivate and train staff, how to complain and information on advocacy services.

All records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service, were appropriately maintained, were held securely and were kept up-to-date.