

Risedale Estates Limited

Risedale at St Georges Nursing Home

Inspection report

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Date of inspection visit:
12 February 2016
16 February 2016

Date of publication:
29 March 2016

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

We carried out this inspection on 12 and 16 February 2016. The inspection was unannounced.

We last inspected this home in January 2014. At that inspection we found the service was meeting all of the regulations that we assessed.

Risedale at St Georges Nursing Home provides accommodation for up to 51 people who need personal and nursing care. Accommodation is provided on two floors and there is a passenger lift to help people to access the first floor. All bedrooms are single with ensuite toilets. The home has a range of equipment suitable to meet the needs of people living there. The service shares a site with Risedale at Lonsdale Nursing Home, close to the centre of Barrow-in-Furness. There were 49 people living in the home at the time of this inspection.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

Everyone we spoke with told us that this was a good service. People said the staff were kind, caring and skilled. There were enough staff on duty, with the appropriate skills and qualifications, to provide people with the support they required.

Visitors were made welcome in the home and people could see their friends and family as they wanted.

People were provided with a range of activities that they enjoyed. The activities were planned to take account of people's preferences.

The staff knew the people they were supporting and treated them in a respectful but friendly way. People were included in decisions about their care and their choices were respected.

People were safe because risks had been identified and managed. All the staff in the home had completed training to give them the skills and knowledge to carry out their roles and to ensure people in the home were safe.

People knew the registered manager and how they could contact her if they wished.

The registered provider and registered manager had good processes in place to monitor the quality of the service. People were asked for their views and these were used to further improve the quality of the service provided.

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.

There were enough staff on duty, with the appropriate skills and qualifications, to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home.

Staff were knowledgeable about how to identify and report abuse.

People were protected because risks to their safety had been identified, assessed and managed.

Is the service effective?

Good ●

The service was effective.

The staff in the home had completed training to give them the skills and knowledge to carry out their roles.

People were supported to eat and drink enough to maintain their health and wellbeing.

People agreed to the care they received and this was only provided with their consent. The registered manager was knowledgeable about her responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and in a kind and caring way.

The staff knew people well and respected their choices and decisions.

Is the service responsive?

Good ●

This service was responsive to people's needs.

People were included in decisions about their care.

A range of activities were provided which people enjoyed and which took account of their individual preferences.

The registered provider had a procedure for receiving and managing complaints about the service. People knew how they could make a complaint and were confident action would be taken.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager employed in the home. People knew the registered manager and how they could contact her if they wished.

The registered provider invested in their staff and ensured they had the resources, support and training to provide a high quality service.

The registered provider and registered manager had good processes in place to monitor the quality of the service. People were asked for their views and these were used to further improve the quality of the service provided.

Risedale at St Georges Nursing 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 checked 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 12 and 16 February 2016 and was carried out by an adult social care inspector and a specialist advisor with experience of providing nursing care for older people.

Our visit to the home on 12 February 2016 was unannounced and focused on observing how staff treated people, seeking the views of people in the home and their visitors and speaking with staff on duty. The inspector arranged to return to the home on 16 February 2016 to look at records relating to how the home was managed.

There were 49 people using the service at the time of our inspection. During the inspection we spoke with 15 people who lived in the home, four visitors, six members of the care team, three ancillary staff, the registered manager and the provider's director of nursing. We observed care and support in communal areas, spoke to people in private and looked at the care records for six people.

Some people who lived at the home were not easily able to tell us their views about their care. 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.

The registered manager of the home had completed 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted the local social work and commissioning

teams to obtain their views about the service.

Is the service safe?

Our findings

Everyone we spoke with told us that this was a good service and said that they were confident people were safe living in the home. Visitors we spoke with said they had never seen or heard anything that caused them concerns about the safety of treatment of people who lived in the home.

One visitor told us that they were fully confident people were safe and well cared for. They said, "You have no worries about people here".

All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. One person told us, "I have no concerns, I'd be happy if my relative lived here".

All staff had to complete training in how to identify and report abuse. They told us that they were well supported and knew they could speak to a nurse on duty, the registered manager or a senior manager in Risedale Estates Limited if they had any concerns.

People who lived in the home and their visitors told us that they would be confident speaking to a senior person in the home if they heard or saw anything they thought was mistreatment of a person. One visitor told us, "I'm here nearly every day, at different times. I have never seen anything untoward, people are spoken to kindly and with respect. If there was anything "wrong" happening I'm sure I'd have picked up on it, but this is a lovely home".

We saw that staff had completed training in how to provide care and maintain people's safety. Good systems were used to identify risks to people and there was guidance for staff on how to maintain people's safety. We saw that risk assessments were in place for the use of equipment such as wheelchair lap belts and bedrails. These were only used to ensure people's safety.

People we spoke with told us that there were enough staff available to provide the support they needed. We confirmed this by our observations during our inspection. One person said, "There are always staff about".

The home provided support to people who required nursing care. There were appropriately qualified nurses employed to ensure people's nursing care needs were met.

The provider employed maintenance staff to ensure the premises were well maintained and safe. We saw records of checks that had been carried out on equipment and the premises. These helped to ensure people were safe in the home.

We observed how medicines were handled and found people were asked for their consent to take their medication. We saw that the staff in the home had identified one error around the handling of a medicine. This was investigated thoroughly and action was taken to prevent the error recurring. We also saw that the individual's doctor and family had been informed of the issue and the action taken by the registered

provider.

The registered provider carried out robust checks on new staff to ensure they were suitable to work in a care service. We saw that all the checks required by law had been completed for new staff. All new staff completed thorough induction training to ensure they knew how to support people to maintain their safety and to meet their needs.

Is the service effective?

Our findings

People who lived in the home and the visitors we spoke with told us that the staff employed there were well trained and "good at their jobs". We received many positive comments about the staff. One person said the staff were "wonderful" and another person said, "I think we have the best staff in the country here".

All the staff we spoke with said they had completed appropriate training to ensure they had the skills and knowledge to carry out their roles. Training records we looked at showed the registered manager had good systems to identify staff training needs. The registered provider had their own training centre, which provided a range of training to the staff employed.

Some people who lived in the home were not able to make important decisions about their care and lives. The registered manager of the home understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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.

The staff employed in the home had completed training in the MCA and DoLS. We found that throughout our inspection people were included in decisions about their support. The staff gave people time to express their wishes and knew how people communicated. People agreed to the care they received and this was only provided with their consent. We saw that the staff treated people in a friendly but respectful way and respected their rights.

Where people were not able to make important decisions about their lives we saw records that showed how decisions had been made in their best interests and how people who knew the individual well were asked for their views.

Two people did not have the support of relatives or close friends to assist them to make decisions about their lives. The Independent Mental Capacity Act advocacy service had been contacted to support the individuals and to ensure the principles of the MCA were followed. This helped to protect their rights.

Everyone we spoke with told us that they had a choice of meals. Some people who lived in the home told us they enjoyed the meals provided. However, other people said the meals were not always to their taste. One person told us, "The meals keep you going, but they're not wonderful". We saw that, although people's care records recorded if there were foods they disliked, not all the records included information about the meals that people particularly enjoyed and would like.

We discussed with the registered manager how people were included in providing their views of the meals. We saw that these had been discussed at the regular meetings held with people who lived in the home. The menus had been changed in response to the comments made at the meetings. The registered manager told us that the meals and menus were often discussed with people. They said they would ensure that people were asked about the meals they enjoyed and their views would be used to review the menus.

We saw that people who had been identified as at risk of losing weight had been referred to the dietician. Care records showed that the advice given by the dietician had been used to review people's care plans to ensure they continued to receive the support they required. People were supported to eat and drink enough to maintain their health and wellbeing.

We noted that there had been a number of improvements to the décor in the home since our last inspection in January 2014. Different areas of corridors had been decorated with different themes to help people to find their way around the premises. A number of people in the home and their visitors commented on the improvements to the décor.

People told us that the staff in the home ensured they saw their doctor if they were unwell. People told us they received the health care support they needed. Records showed people had access to a range of services including their GP, chiropodist, and optician. We also saw people had been supported by appropriate specialist services as they required. This helped to ensure they maintained good health.

Is the service caring?

Our findings

Everyone we spoke with told us that people were very well cared for in the home. People who lived in the home told us that all of the staff were very caring. They said they were happy living in the home and valued the support they received. One person told us, "The staff can't do enough for you".

One visitor told us that they had spent long periods at the home supporting their relative. They said that all the interactions they had seen and heard between staff and people in the home had been very caring. They told us, "The staff are exceptional".

Throughout our inspection we saw that people were treated in a friendly and respectful way. One staff member had given a person wrong information about the activities that were planned for the afternoon of our inspection. On realising their mistake the staff member immediately returned to the person to apologise and to give them correct information about the activity. This showed that the staff realised the importance of treating people with respect.

We saw that the staff in the home knew the people they were supporting well. They knew people's likes and preferences and the things that were important to them in their lives. People who lived in the home told us that they had been included in decisions about their care and said they were asked for their views about their support. Throughout our inspection we saw that the staff respected the choices and decisions that people made.

Most people who lived in the home had friends or relatives who could support them to make decisions and to express their views. Two people had no one outside of the home to support them. We saw the Independent Mental Capacity Advocacy service had been approached to help them and to ensure decisions about their care were made in the individual's best interests. The registered manager of the home also had details of local advocacy services that people could contact if they required assistance to express their wishes. Advocates are people who are independent of the service and who support people to make choices or to express their wishes.

The home had been designed to support people to maintain their independence. There was a passenger lift to help people to access accommodation on the upper floor of the home and the décor helped people to find their way around the home. We saw that appropriate signs were in place to help people identify toilets and bathrooms. The décor and signage helped people to be able to move independently around the accommodation.

Some people used mobility aids to help them to move independently around the home. We saw that the staff knew the equipment people required and ensured this was available as they needed it.

People we spoke with told us that the staff in the home protected their privacy and dignity. We saw that the staff asked people discreetly if they required assistance and provided this promptly. Staff knocked on doors to private areas before entering and ensured doors to toilets and bedrooms were closed when people were

receiving personal care.

Throughout our inspection we found the home was clean and there were no unpleasant odours. This helped to maintain people's dignity. People we spoke with confirmed the home was always clean and "fresh smelling". One person told us, "There are never any smells here, the cleaners work very hard and do an incredible job".

Is the service responsive?

Our findings

People told us that this was a good service and said they received the support they required at the time they needed it. They told us that the staff in the home knew the support they needed and said that this was always provided promptly.

People told us that there were a range of activities provided in the home and in the community. They said they enjoyed the activities provided.

We saw that activities were used to celebrate events during the year. At our inspection people who wished to were making flower arrangements for Valentine's Day. People told us they had also taken part in activities for Children in Need and were planning activities for Easter.

The activities provided had been discussed at meetings held with people who lived in the home. We saw that outings had been arranged to local attractions in response to people's requests. Some people had enjoyed a trip to Preston, other people had been to a local museum and people who wished to had attended prize bingo. We saw that activities were planned to take account of people's preferences. One person told us, "There are loads of activities". Another person said, "There's always something going on that you can join in with if you want".

Everyone we spoke with told us that visitors were made welcome in the home. People who lived at the home told us that their friends and relatives could visit at any time they wished. This was confirmed by the visitors we spoke with. The home had a room that visitors could use to stay in to be close to their relative if they needed. People who lived in the home were supported to maintain relationships that were important to them.

Each person who lived in the home had a care plan which detailed the support they required and how the staff were to provide it. People we spoke with told us that they and their relatives had been included in developing the care plans.

We saw that the care plans were reviewed monthly or as the support a person required changed. This ensured care staff had up to date information about how to support people.

People who lived in the home told us they had no complaints about the care or service they received. One person said, "I have no complaints, it's lovely here".

The registered provider had a procedure for receiving and handling complaints about the services it provided. A copy of the complaints procedure was prominently displayed in the home. People we spoke with all told us that they knew how they could raise any concerns. They said they were confident that the senior nurse or registered manager would take action in response to any concerns they raised.

We saw that people could make a complaint to the registered manager or to the registered provider's

Director of Nursing. This meant people could, if they wished, raise their concern with a senior person in the organisation who was not responsible for the day to day management of the home.

Is the service well-led?

Our findings

Everyone we spoke with told us that this home was well managed. People told us that they knew the registered manager and said she was "always around" if they wanted to speak with her. During our inspection we saw that people who lived in the home and their visitors knew the registered manager and were confident speaking with her.

The staff we spoke with all told us that they received good support from the registered provider and registered manager. They also told us they received the resources and training they needed to ensure people received a good quality of service. One staff member told us, "This is an excellent company to work for" and another said, "I love my job, I love coming to work and I'm proud of this home".

The registered provider invested in staff training to encourage staff to continue to work in the organisation. A number of staff told us that they had been supported to develop in their careers and said they appreciated this. The registered provider had supported staff to train as nurse practitioners and to complete nursing degrees. This helped to ensure they had access to enough qualified staff to provide people with the support they needed.

All the staff we spoke with said team work was encouraged in the home. They said all the staff worked together to ensure people received good care. Ancillary staff we spoke with told us that they felt valued and well supported. They said other staff members worked with them if required to ensure the quality of the service.

People who lived in the home were asked for their views about the service provided. We saw that there were regular meetings where people were asked about their views and for any further improvements that could be made. We saw action had been taken in response to requests from people in the home. The times of the meetings had been changed in response to feedback from people who lived in the home and activities provided in response to suggestions received.

The registered provider also asked people to complete a questionnaire to share their views of the home. All of the completed questionnaires that we saw were positive about the service provided.

The registered manager and registered provider had good systems to monitor the quality and safety of the service and facilities provided at the home. We saw that the registered manager carried out checks to ensure people received a high quality service. They regularly walked around the home checking the environment and speaking with people who lived there to gather their views.

A senior manager in the organisation also carried out regular unannounced visits to the service. At these visits they checked the quality and safety of the environment and spoke with staff and people who lived in the home. This meant that, as well as the registered manager asking people for their views, they were also given the opportunity to share their views with a senior person in the organisation. This helped the registered provider to maintain oversight of the home to ensure people received a high quality service.

The registered provider owned and managed six services in the Furness area. They had good systems in place to monitor all the services and to ensure learning was shared between services. We saw that where issues had arisen in any service these were shared to ensure people in all of the homes were protected.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.