

Ryefield Court Care Limited

Ryefield Court

Inspection report

Ryefield Avenue
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ryefield Court is a residential care home providing personal care to people aged 65 and over. The home can accommodate up to 60 people in one adapted building over three floors, each of which have separate adapted facilities. The second floor specialises in providing care to people living with dementia. At the time of the inspection there were 48 people living at the home.

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

People received excellent person-centred care and were supported to have choice and control. Care plans were highly personalised and recorded people's preferences in detail, so staff knew how to respond to people's needs. Staff were innovative in how they met people's needs and we saw examples of bespoke care. In addition to making sure people's individual needs were being consistently met, the provider implemented programmes that benefited the whole service, such as the falls prevention strategy, which could then be tailored to each person's individual needs.

There were various group activities on offer and people could choose to engage in activities that were meaningful to them. There were also activities tailored to people's individual needs and preferences. People were supported to maintain links with family and friends and the provider was able to accommodate family and friends visiting in either communal areas or more private rooms. We observed staff were responsive to people's needs throughout the day.

There was a complaints procedure in place and the provider responded to complaints appropriately.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and manage risks. Medicines were managed and administered safely.

Safe recruitment procedures were in place and there were enough staff to meet people's needs. The provider followed safe infection prevention and control procedures and provided staff with relevant training to help protect people from the risk of infection. Safe recruitment procedures were in place and there were enough staff to meet people's needs.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their jobs effectively and safely. People's needs were regularly assessed to ensure these could be met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in making decisions about their day to day care and their opinions were listened to and valued. Independence was promoted. People and their relatives confirmed people were cared for by competent staff who knew the needs of the people they cared for.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. People using the service and staff reported the registered manager was approachable and promoted an open work environment. Clear leadership contributed to people and staff being positive about the management of the home and feeling valued and respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (published 21 August 2020). The provider completed an action plan after that inspection to show what they would do and by when to improve. In September 2020, we completed a targeted inspection and found improvements had been made and the provider was no longer in breach of the regulations. At this inspection we found that improvements had been embedded and the rating of the service has changed to good.

Why we inspected

This was a planned inspection based on the previous rating and to check that the provider has been making consistent improvements at the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ryefield Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors, a nurse and an 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.

Service and service type

Ryefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, the deputy manager, senior care workers, care workers and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included nine people's care records and various medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had contact with one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the December 2019 inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the December 2019, inspection we found the provider had not always maintained up to date risk assessments which may have resulted in staff not having the most up to date information on people's needs and how to care for them. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 12, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. However, at the time of the inspection the provider did not have robust COVID-19 risk assessments for people and staff, as the risk assessments they had lacked risk indicators such as age and ethnicity. During the inspection the provider began to update the risk assessments. Indicators to consider were included at the beginning of the assessment but were not included for individuals as part of the risk rating.
- Risk assessments covered various identified needs including falls, skin integrity, wheelchair use and nutrition. They included guidance for staff to help reduce risk and promote people's wellbeing and safety.
- People had personal emergency evacuation plans (PEEPs) which provided information for supporting people in the event of a fire or other emergencies.
- The home used a LifeVac kit which is a suction device used to clear obstructions in people's airways, for example if they were choking. There was one in every dining room with instructions about how to respond to a person who maybe choking.
- Appropriate environmental and fire risk assessments were carried out. This included fire equipment, gas and water systems checks. The provider completed checks with action plans to help ensure the environment was well maintained.

Using medicines safely

At the December 2019, we found examples of medicines not being managed safely which included instructions for administration that were not clear and opening dates not recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 12, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and the provider had a medicines policy and procedure to provide guidance for staff about how to safely administer medicines.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely. They also had medicines workshops delivered by the deputy manager every six months to keep their training up to date.
- The provider had procedures for the safe receipt, storage and disposal of medicines. We observed staff administering medicines and found medicines administration records (MAR) reviewed indicated that people received their medicines as prescribed.
- Medicines audits were completed to help ensure procedures were followed. This meant medicines errors or incidents that occurred were identified and action could be taken to improve service delivery.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to help safeguard people from harm or abuse. People using the service told us they felt safe. Comments included, "I feel safe here. When I get up in the morning, they help me on to my zimmer frame. Things like that make me feel safe" and "I feel very safe. There are lots of people here looking out for me. I don't have any worries."
- Staff completed regular safeguarding adults training and knew what action to take if they thought people were at risk of harm.
- The service maintained a record of safeguarding concerns. When concerns had been raised, the provider notified the relevant agencies and undertook appropriate safeguarding investigations to help protect people from further harm and to improve the care delivered to people in the home.

Staffing and recruitment

- During the inspection there were enough staff to meet people's needs and keep them safe. People told us they thought staff were busy and that could cause delays but overall felt the staffing was adequate. Comments included, "Between 6am and 10am is their busiest time and they could definitely do with an extra carer on duty at this time. I have to wait a long time to be attended to... If I use the call-bell they normally arrive within 10 minutes", "There is a call-bell. Sometimes it does take a while for them to arrive. On the whole, I think they do have enough staff, they're just very busy" and "The carers are always late getting me up in the morning. They're very good though."
- The provider had bank staff who only worked at that location and they did not use agency staff. This meant there was staffing continuity and staff were familiar with people's care needs.
- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. There was a process in place for reporting incidents and accidents. These were investigated, recorded and the learning from them was used to improve practice and the care and support given to people.
- We saw for example, the provider put in place a falls strategy to reduce the number of falls people were having. This included identifying four 'falls champions' to support staff with best practice around the management of falls. The provider also created a new investigation template referred to as the 'Five Whys' with the intention of encouraging staff to capture more detailed information at the time of the fall to better understand why it was happening. The managers then completed an analysis so more effective preventative measures could be put in place. This has resulted in a significant reduction in overall falls.
- Team meeting records confirmed learning was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the December 2019 inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the December 2019, inspection we found the service was not always dementia friendly. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 15, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The home was decorated to a high standard and designed to meet people's needs. People's rooms had ensuite facilities and when required, specialist equipment such as repositioning frames and sensors.
- The second floor of the service was exclusively for the use of people living with dementia. The corridors had furniture placed in them which could be used to assist people with orientation. This included chairs people could rest in and things of interest in drawers in tables.
- The provider had put up signs with pictures on them to help people know what was behind a door even if they could not read the sign. When required, people's doors were decorated to help them identify their room more easily. People's bedrooms were clean and personalised to individual tastes, so they had familiar things around them. There were a number of lounges people could sit in to read, watch tv or play games. Additional features of the home included a cinema room, hairdressers and a bistro bar on the ground floor off the main entrance where people could meet with visitors.
- The home had a well-kept garden where people had the opportunity to garden, relax or to meet with visitors.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance.
- People and their relatives told us they were involved in the assessment and care planning process, to help ensure care was delivered according to their identified needs and wishes. Comments included, "The carers

document everything on the computer about my care. It is all efficient and done properly. I feel that I can make choices, within reason, of course", "I believe there is a care-plan but my [relative] would have been involved with that" and "Yes, there is a care-plan. It is 39 pages long! They are very thorough."

- Staff were aware of people's individual support needs and preferences, and care plans had relevant guidance for staff to provide care in line with people's choice.

Staff support: induction, training, skills and experience

- People were cared for by staff with the skills and knowledge to effectively deliver care and support. New staff undertook an induction, training the provider considered mandatory and shadowed an experienced member of staff. New care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities.
- Staff had regular relevant training including training that was specific to the needs of the people they cared for. For example, epilepsy, behaviour that challenges and dementia training. Staff also completed a number of annual competency tests such as infection control to help ensure they had the appropriate skills to effectively care for people. Regular supervision and appraisals helped to develop staff skills.
- There were daily handovers to provide up to date information around people's needs and monthly team meetings where staff had the opportunity to share information and good practice with each other.
- Staff told us they felt supported and listened to by the registered manager.

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

- People were supported to have food and drink that met their dietary needs and wishes. Dietary information sheets identified likes, dislikes and allergens. Care plans recorded any specific needs, such as the risk of choking or pureed food requirements, and people's food likes and dislikes.
- Overall people were happy with the meals served and told us, "I'm not keen on the food. The puddings are good though. I do get a choice. There are drinks all of the time, lemonade, pear juice. Anything you fancy", "I can't grumble about the food. We have a choice. There are ample portions, sometimes too much. You can always get a drink", "I'm very picky with food. I like the food on and off. They are very good because they will make up something that I've asked for" and "You can make a special request. I'm very fond of [a specific] food and [the registered manager] organised a takeaway for me from a local [specific food] restaurant."
- Nutritional assessments had been completed and formed part of people's care plans. When additional support was required, people had been referred to other professionals, for example, the speech and language team to be appropriately assessed. Care plans were updated to reflect the professionals' guidance. When required, people's nutritional needs and weight were assessed and monitored for changes.
- Food was prepared freshly every day and there was a choice of meals, including culturally appropriate dishes. Each unit had hydration stations and baskets on the unit with snacks in communal areas.
- For hydration and nutrition week, the chef made a range of smoothies, fruit platters, and fruit tasting plates. After liaising with the nurses, they found a reduction in urinary tract infections and better hydration so they have made this a regular daily event.

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

- We viewed records that confirmed the provider worked with other professionals including the community nurse, district nurse, dietician and the GP, to help ensure people received effective and timely care. On health care professional who visited regularly said, "The home staff are quick to highlight and raise any concerns. They are seriously on the ball, and the manager and the deputy manager work well together. We have weekly multi-disciplinary team meetings and it has made a massive difference to hospital admissions. They [Ryefield Court] refer appropriately [and make] contact immediately."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy through assessing and monitoring their health needs. People told

us, "I'm getting all the medical attention I need. I've seen the optician recently and have new glasses. It has made a difference. I'm on a list to see the dentist [who was visiting on the day of the inspection] I badly need to see one. The district nurse [also] visits." A healthcare professional commented, "High standard of professionalism from senior carers, who know their residents and their care needs, they are quick to notice deterioration and act, accordingly, keeping medical professionals and families informed."

- Care plans detailed people's health care needs, provided appropriate guidance to staff and were updated promptly when there were changes in people's needs. Reviews were held regularly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed. People, or where appropriate their legal representative, consented to the care and support they received at the home.
- When people had the mental capacity to make decisions about their care, their consent was sought, and they were given the opportunity to make everyday decisions about their care. One person said, "You have to accept that you can't always have a choice in matters but on the whole we do get choices here",
- When people lacked the capacity to make decisions about their care, their mental capacity had been assessed and best interests decisions had been made appropriately and as needed. For example around restrictive equipment such as bedrails and sensor mats.
- DoLS authorisations were applied for as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the December 2019, inspection we found staff interactions with people were not always person centred so that they met people's individual needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 9, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People and their relatives made positive comments about the staff being caring. We observed kind and caring interactions between staff and people using the service. The staff team worked well together to care for people and were skilled at encouraging and engaging people. We saw staff encouraging those who could walk to do so.
- Staff had completed training in equality and diversity and were aware of the importance of respecting people's individual needs and protected characteristics, such as culture and religion. For example, one person accessed prayers on their laptop and live streaming from their place of worship. Each floor had an electronic tablet which could be used to translate information into different languages. There were culturally appropriate menu choices available to people. Care plans indicated people had a choice of male or female carers for personal care.
- The registered manager told us no one openly identified as LGBTQ+ but the home acknowledged Pride events with celebrations. Preadmission assessments and care plans gave people the option of stating their sexual orientation if they wanted to.

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

- People and their relatives, if appropriate, were involved in planning their care. People were supported to express their views and be involved in day to day decisions. For example, during lunch we saw people were offered choices and shown plated food to make meal choices. Staff constantly engaged with people and

asked them if they had enjoyed their food.

- Care plans contained information about people's likes and dislikes, so staff had an understanding of how to care and support people safely, even when they were not always able to express it themselves. We observed one person with a photo album and staff talking with them about their family and grandchildren. We saw another member of staff sitting with a person talking about music from the past which interested the person.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us, "They're all caring. They're all different but they all treat me with dignity. I feel like a princess", "The personal care is pretty good here. They're very kind"
- We observed people were encouraged to maintain their independence. One person told us, "The carers are very kind. One nurse has encouraged me with my walking. When I arrived here I wasn't able to walk because of [condition]. The carer has been very tough with me, doing the exercises, when I didn't want to do it, but it has worked and I can now use my frame. This is not a job I could do myself. I appreciate what they do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the December 2019 inspection, this key question was rated as requires improvement. At this inspection this key question has improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

At the December 2019, inspection we found the service was not always dementia friendly. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 9, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- The provider ensured people received a high standard of person centred care. We found examples where staff had effectively responded to people's needs and found innovative ways to support people to continue to live the life they wanted to despite their changed circumstances. An audit had been undertaken in relation to people living with the experience of dementia to try to identify areas of individual interest and whether these could be accommodated. One person who liked dogs, had a replica dog that looked like it was alive and 'breathing'. This provided the person the experience of having a dog they could hold and stroke which was comforting and calming for them. They liked animals and the dog also provided a focus. Additionally, it was a good conversation point that encouraged others to engage with the person.
- Another person told us they were a hairdresser. Staff confirmed this and explained during lockdown the person had given some staff members a haircut. This clearly gave the person a sense of satisfaction.
- A third person told us they liked the home but missed the gardening they used to do when they lived in their own home. The registered manager explained this person wanted ownership of the area by their room door and became unsettled if other people were in that space. Knowing that the person liked to garden and as a solution to providing ownership and helping the person to feel they belonged at Ryefield Court, the provider turned this area into a garden for the person which meant everyone could enjoy looking at it but did not go into the space. This helped the person to feel they had control of their own space without impacting negatively on others. It also gave them the ownership they were looking for.
- The registered manager said they tried to meet people's individual needs and told us some people who

lived with the experience of dementia had photos on their doors to help them recognise their rooms. One person kept removing their photo as they did not recognise themselves. The provider contacted relatives to request photos of the person at different ages so the person could choose one they identified with. This helped resolve the issue, as once they had chosen a photo that they identified with and it was placed on their door, it helped to reduce their disorientation and helped them to know they were at their own room.

- Care plans were person centred and specific to the person's needs. For example, we saw assessments and care plans where people had needs associated with diabetes and impaired swallowing, which included specific and modified diets with guidance for staff on how to support people with these needs.
- People also had equipment specific to their needs to care for them safely and to help promote their independence. For example, for one person the provider had identified they required some very specific equipment for their needs. The provider discussed this with the family and then purchased a shower chair, wheelchair and recliner to help improve the person's access and increase their independence. A CLTRS (Continues Lateral Therapy Rotation System) was used to reposition the person every 10 minutes on alternate sides and was carried out via a profile bed with a pressure relief mattress provided by the service. This helped to reduce the risk of the person developing pressure ulcers and made the changing of position for the person more comfortable and less painful.
- Staff understood the needs of different people and provided support in a way that met these needs and promoted equality. For example, after one person's family were asked for feedback, the chef was able to cook foods appropriate to that person's cultural needs. Other people told us about the provider accommodating takeaways they requested. The provider's response to people's preferences meant people could enjoy the food they liked.
- We saw several people had benefited from the provider's 'person centred approach' falls prevention strategy. For example, one person had 21 falls in a twelve month period, and by using the 'Five Whys' template and a root cause analysis, the provider identified the person was falling due to their sight impairment. In response they got in touch with the RNIB (Royal National Institute of Blind People) and the local authority's sensory assessor for advice. A number of interventions were identified including putting sensor mats and a lower bed in place, changing the person's room around and purchasing brightly coloured bedding which they helped choose and helped the person see the edges of the bed better. This assisted with their orientation and to mobilise better in their room. Additionally, the person had been observed to sit on the arm of chairs, so the provider purchased brightly covered covers with contrasting backs and arms to help the person differentiate between the two when they try to sit down.
- The provider had produced a graph of falls over the year to evidence that by providing care that was bespoke to the individual's needs there had been a decrease in falls for the person. A relative wrote to the home saying, 'The close analysis of the frequency and timing of [person's] falls shows a meticulous and practical approach with thoughtful and imaginative responses with regard to possible solutions.'
- The falls prevention strategy also looked at the environment and identified areas for improvement such as lighting to increase the feeling of brightness and identified falls champions to support other staff members with best practice.
- The provider used an electronic recording system to monitor and record the care provided. A staff member said they preferred the electronic system as they always had the tablet with them so "nothing gets missed, everything is documented". Daily handovers also helped to keep staff updated about any changes to people's needs.
- Staff were responsive to people's needs throughout the day. They knew people well and their responses demonstrated this. For example, we saw a person was agitated and a member of staff seeing this put specific music on their phone which they knew the person liked and this calmed the person down.
- A healthcare professional confirmed the management were open to learning and improving their practice and told us, "The care home is open and transparent and act on suggestions/ criticisms and the manager and deputy are always happy to listen and act quickly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and stay in contact with family and friends.
- A new customer relations manager had been employed to help people settle into the home when they moved in and continued to liaise with relatives.
- People were supported to use tablets and phones to contact relatives. The provider also purchased a social media type programme that enabled families to send in updates and photos and this could be printed out like a personalised newspaper for people to read and stay in touch with their families. Relatives we spoke with indicated communication had been kept up during the pandemic. They said, "We receive a weekly email detailing what is going on. They asked what my [relative] likes doing. Very person-centred."
- The provider had an activity co-ordinator who planned and supported people with various activities. During the pandemic one to one activities were happening in people's rooms including lots of art activities. As things have opened up the home has booked entertainers to play in the garden. Other activities include exercises, musical bingo, cheese and cracker evenings and coffee mornings.
- A mobile bistro service had been developed bringing the bistro experience to people on each floor, particularly for those who were not able to go downstairs to the bistro area. For people who could use the bistro on the ground floor, it provided a place to meet others in the home but also friends and families could drop in and use the bistro with people living in the home. A fine dining room could be rented out for special events for people who wanted to receive visitors or for a specific event such as birthdays, and there was a set special menu for this. This provided people with a large private space to meet with family and friends.
- The service had purchased a device which helped stimulate circulation and improve physical and functional performance by vibrating people's feet when people couldn't do exercises and were limited to their rooms. The provider identified people who this activity might benefit and discussed it with the people's GPs to gain authorisation for this activity. Often these were people who were prone to falls. The activity coordinator then organised a 12- week exercise programme that was carried out as a one to one activity. The provider documented people's progress before, during and after the exercise programme and concluded that it could contribute to people being more stable in terms of mobility. The registered manager also commented on the benefits of people having one to one interaction with staff.
- People said they had the opportunity to be involved in activities and told us, "We play games, make things like cards. We do go out to the garden on two days a week", "They do quizzes, bingo, skittles, banana bread baking. It's more limited now because of COVID. We do get a choice though and now we can go back to the Bistro again with the residents from the other floors. I really enjoy that" and "We can go out in the garden if the weather is fine. I used to have a lovely garden. They do ask if I'd like to help to pot up plants."
- Relationships between people and staff were based on mutual respect. We observed staff being attentive and trying to engage people where they could. It was clear staff knew people well and had a good understanding of their interests. We saw one person who used to be a dress maker had a sewing kit. This was situated on the table by them and a staff member spent a long time chatting with the person about what was in the sewing kit and asking the person to feel the objects, try to name them and think of something the same colour. The staff member never tired, even though the person was not that responsive at times. They tried different techniques to engage with the person and after a while it worked. The person really joined in and started picking things up.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans recorded information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- One person now prefers to speak in their first language. The registered manager told us they have a staff member on each shift who can communicate with the person in their preferred language, so the person is always able to make their needs known. The provider also recorded some phrases and books in the person's preferred language for them to listen to.
- Information was accessible to people in different formats, for example large print, and menus had pictures to indicate meal choices.

Improving care quality in response to complaints or concerns

- The provider had procedures in place for responding to complaints and information for people about complaints was in the service user guide.
- People and their relatives told us they knew how to make a complaint and felt able to raise concerns. Comments included, "I'd go to the office if I had a complaint. My [item] needed replacing recently and I let them know about it" and "I would go to the deputy manager. I have only had one complaint since living here."
- The provider kept a record of complaints. We saw these had been investigated, responded to appropriately and improvements made as needed.

End of life care and support

- The provider completed end of life care plans to help ensure people's wishes and preferences for care at the end of their lives was known in the event they required this support. Part of the pre-admission process was to send out information about end of life care and request people, with the help of their relatives if appropriate, to complete end of life forms so the provider had this information if needed.
- Staff responded to people's changing care needs and sought appropriate advice. Staff worked closely with other healthcare professionals including the GP and palliative care nurses to help people experience a comfortable, dignified and pain-free death.
- Staff were sensitive to the needs of both people and their families at this time. The provider had received positive feedback from the relatives of people they had supported at the end of their life. One family wrote, 'We felt that you and the rest of your staff went that extra mile for both our [relative] and us as a family in their final days. The end of such a full life was always going to be sad but Ryefield Court allowed it to be a dignified and compassionate end for all of us.'

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the December 2019 inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the December 2019, inspection we found systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In September 2020, we completed a targeted inspection and found improvements had been made. The provider was no longer in breach of regulation 17, however, we did not change the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had effective systems for assessing, monitoring and mitigating risk and improving the quality of the service. We saw since the December 2019 inspection the registered manager and the staff team had worked consistently to learn from feedback and analysis to continuously improve service delivery. They were working with The King's Fund, an independent charitable organisation working to improve health and care in England. As part of their learning, when a new person moved into the service, staff were involved in the process and not just the managers. The registered manager told us communication had greatly improved.
- The provider was undertaking an exercise in identifying best practice, including what equipment to use, to help prevent and manage pressure sores. This would then be used consistently across the provider's other locations to help ensure best practice was consistently employed.
- The provider undertook checks and audits to help ensure continuous learning and improving care. These included the registered manager and deputy doing a daily walk around and a daily governance report that identified areas such as falls, incidents, accidents and wounds. The registered manager had a clinical risk register that provided oversight of areas such as choking, weight and falls and a monthly risk register which provided an overview of people's risk assessments. These helped to ensure the registered manager was fully updated on changes to risk and the needs of people using the service.
- A new audit system had been brought in with a dashboard that showed when reviews and updates were due. The registered manager kept a matrix of all the audits completed. Audits included an action plan to

improve the service they provided to people and identified who was responsible for the action and by when. Operational managers also completed audits.

- The provider's falls prevention strategy and use of the Five Whys approach to identifying areas that required improvement had led to reduction in falls which contributed to people's overall wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person centred. Care plans were person centred with clear guidance to help achieve good outcomes for people. People and their relatives indicated they were satisfied with the care provided. One relative said, "I can't praise them highly enough. It's a superb home."
- The provider had followed government guidance to support people's family visiting the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities regarding duty of candour by being open and transparent with people who used the service and taking responsibility when things went wrong.
- The provider was aware when they needed to share information with other agencies including the local authority and CQC.
- People and their relatives felt they could raise concerns.

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

- Managers and staff were clear about their roles and kept themselves up to date with relevant guidance and legislation. The registered manager and deputy manager were appropriately qualified and worked well together to support people using the service and staff. Staff felt supported and listened to. Comments from staff included, "Everyone [management] understands and supports us. Sometimes [I] go with problems and the manager and deputy manager's doors are always open. Staff are brilliant. All about communication."
- The provider had processes to monitor the quality of services provided and make improvements as required. Learning was shared across the organisation and used to improve care.

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

- The provider engaged people and their relatives about how the service was run. The provider completed several surveys with people using the service. These included a food survey and a resident welfare survey.
- Residents meetings were also held and people told us, "We do have residents meetings. I have been to one and it was useful", "There have been residents' meetings and I normally attend. Communication could be better" and "I go to residents' meetings but I don't have much to say. I think we are listened to. You hope it will make a difference but I'm not sure it does."
- The registered manager was accessible and maintained contact with relatives through one to one communication and with a monthly newsletter to keep relatives updated about what was happening in the service. Relatives said, "I liked the manager as soon as I met her. When I came to look at the home she was reassuring and professional" and "Throughout COVID they could not do enough for relatives to reassure us that our loved ones would be cared for. I was very worried and anxious, and they were fabulous. As an organisation I'd say that they have got better and better."
- The provider sent out satisfaction surveys to gain people's views and we saw the feedback from these was positive about how the home was managed and the care provided. During the COVID-19 pandemic, the CEO held zoom meetings with families to hear relatives' views and keep them informed of what was happening in the service.
- Care plans considered people's protected characteristics and provided information about how to support

these. For example, identifying people's communication needs and providing the right support.

- Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider worked in partnership with other relevant professionals in health and social care to help ensure people's needs were being met and provide a positive experience for people based on best practice. This included working with the speech and language team, GP dietician, OT, mental health nurse and community nurses. Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.
- Managers participated in local authority provider forums to share information and best practice with other providers in the area to improve care outcomes. The registered manager had been asked to chair these forums and was also chairing an infection prevention and control forum with two other homes. A healthcare professional said, "The home is very engaged with outside agencies and plays a pivotal role on the various care home forum and support groups, keeping themselves updated and happy to volunteer to be a part of trials. They have just been chosen to be the care home that will trial digital consultations with the CCG (Clinical Commissioning Group)."