

Vijay Mehan

# Ryland Residential Home

## Inspection report

9-11 Meadow Road  
Beeston  
Nottinghamshire  
NG9 1JN  
Tel: 0115 943 6247  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 23 and 24 September 2015 and was unannounced.

Accommodation for up to 17 people is provided in the home over two floors. There were 17 people using the service on the day of our inspection. The service is designed to meet the needs of older people.

There is a registered manager but she was not available during the inspection. The deputy manager was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were well maintained. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

# Summary of findings

People's rights were not always protected under the Mental Capacity Act 2005 as a Deprivation of Liberty Safeguards application had not been made for a person who used the service. Staff received appropriate induction, training and supervision. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide

personalised care. Activities were available in the home and plans were in place to improve them further. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

# 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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were well maintained.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good



### Is the service effective?

The service was not consistently effective.

People's rights were not always protected under the Mental Capacity Act 2005 as a Deprivation of Liberty Safeguards application had not been made for a person who used the service.

Staff received appropriate induction, training and supervision. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Requires improvement



### Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care.

Activities were available in the home and plans were in place to improve them further. A complaints process was in place and staff knew how to respond to complaints.

Good



### Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good



# Ryland Residential Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 23 and 24 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider 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. We reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with three people who used the service, four visitors, the cook, three care staff, the deputy manager and the registered provider. We looked at the relevant parts of the care records of seven people, the recruitment records of three staff and other records relating to the management of the home.

# Is the service safe?

## Our findings

People told us they felt safe at the home and they had no concerns about the staff caring for them. Visitors felt that their family members were safe.

Staff told us they had received training in safeguarding vulnerable adults and were able to describe the signs and symptoms of abuse. They said they had no concerns about the behaviour or attitude of other staff and said if they did they would report it to the manager. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the main reception of the home to give guidance to people and their relatives if they had concerns about their safety.

Risks were managed to support people's freedom. A person said, "It's my choice when to get up and what to wear. I can do whatever I want to do. It's my choice not theirs that's what staff tell me." Another person said, "You can get up and go to bed whenever you want." A visitor told us that they did not feel that their family member was unnecessarily restricted.

Risk assessments had been completed and reviewed regularly. Guidance was in place for staff to reduce risks to people. We also saw documentation relating to accidents and incidents in people's care records and the action taken as a result. Regular reviews of the number of falls people had were conducted and referrals to external healthcare professionals were made to assist the staff in reducing the risk to people's safety.

We saw there were plans in place for emergency situations such as an outbreak of fire. A business continuity plan was in place in the event of emergency. We saw that personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency.

The premises were well maintained and appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified. However, some windows on the first floor which included bedrooms and bathrooms did not have their openings restricted to stop the risk of people falling out. We saw that harmful liquids were stored in a cupboard in a sluice. However, the keys to the sluice were in the door and

the cupboard in the sluice was unlocked which meant that there was a risk of people being exposed to harmful liquids. The deputy manager and provider agreed to address these concerns immediately.

People told us there were sufficient staff to meet their needs. A person said, "It's sometimes very busy in the morning. However, if there's no one around, I use the buzzer and there's someone there immediately." Another person said, "Staff come straight away, no trouble at all, it's never longer than five minutes." A visitor said, "There always seems to be a lot of staff on duty." Another visitor felt that there were sufficient staff to keep people safe, but also said, "They could do with more staff to offer people more to do."

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The deputy manager told us that staffing levels were based on dependency levels. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Medicines were safely managed. People told us they received medicines when they needed them. One person said, "I take a lot of tablets and they're always at the right time." Visitors also confirmed this. We observed staff administering medicines and saw they talked with the person about their medicines and stayed with them until they had taken them. They ensured the person's preferences in relation to taking their medicines were followed. Staff had received training in medicines administration and competency checks.

We found medicines were stored securely in a locked trolley and locked cupboards and the required temperature checks of the storage areas were recorded. We

## Is the service safe?

looked at the arrangements for the safe storage and administration of controlled medicines and carried out stock checks of two controlled medicines. These were in line with requirements.

We looked at Medicines Administration Records (MAR) and found they had been completed consistently, however people's preferences in relation to taking their medicines were not noted. Protocols were not in place to provide additional information for staff on the reasons for giving medicines which were prescribed to be given only when necessary. We talked with the deputy manager about this and they said they would put them into place.

People told us that the home was kept clean. A person said, "It's spotless. [Staff] always check that the bathrooms are clean after people have used them." Another person said, "It's spotless. That's the thing that most impressed me."

Visitors told us the home was clean. People also told us that the laundry service was good. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at bedrooms, the laundry, all toilets and shower rooms and communal areas. These were all clean. We observed staff following safe infection control practices.

# Is the service effective?

## Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The deputy manager told us that no applications had been made for people who might be being deprived of their liberty. We saw that there was a person who lacked capacity and an application should have been considered for this person. We also found that staff did not have a good knowledge of DoLS. This meant that there was a greater risk that this person's rights were not protected.

People told us they felt that staff knew what they were doing. A person said, "Staff more than know what they're doing and they're all the same. It really makes a difference to you." Another person said, "They really do look after you well. Staff are all good at their jobs." Visitors agreed with this and felt staff were well trained.

We observed that staff were confident and mostly competently supported people. However, we did see an unsafe moving and handling practice take place which placed a person at risk of avoidable harm. However, another staff member also saw this and intervened to reduce the risk. The deputy manager immediately arranged refresher moving and handling training for staff to avoid this happening again.

Staff told us they received induction, regular training and supervision. Staff felt supported. Records showed that staff received an induction and supervisions took place regularly. Training records showed that staff were up to date with a wide range of training which included equality and diversity training.

People told us that they were encouraged to make choices about their care and staff respected their decisions. Visitors told us that staff explained what they were going to do and did not act against their family members' wishes. A visitor said, "It's [family member]'s choice. Staff listen to them." We

saw that staff explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them. We saw that a person had signed a consent form for the use of bedrails.

The requirements of the Mental Capacity Act (2005) were adhered to in that when a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed and there were details of the involvement of others in reaching a best interest decision for the person. Assessments were decision-specific and linked to a care plan which was clearly identified as having been developed in the person's best interest. Staff had a good knowledge of the MCA.

Staff were able to explain how they supported people with behaviours that may challenge those around them living at the home and care records contained guidance for staff in this area.

People told us that they enjoyed the food provided to them. A person said, "The food is beautifully cooked and meals are lovely." They also said, "There's more than enough to eat and drink." A visitor said, "The food is lovely." People and visitors told us that there was plenty to eat and drink.

People were offered a choice of meal prior to meal times. Pictures of the food being served were available for people to help them make their choice. We observed the lunchtime meal being served. People chose where they wanted to sit and the staff respected their wishes. There was a calm, friendly and relaxed atmosphere throughout lunch. Staff served people quickly ensuring people were not left for long periods without their food. When one person changed their mind about the lunch they wanted, the staff member reassured them that was ok and provided them with an alternative. Drinks were available at all times.

Care plans were in place to provide information on people's care and support needs in relation to eating and drinking. There was also a record of their food preferences. The cook showed us information they held on people's likes and dislikes which they had noted following discussions with them. Food and fluid charts were in place to record people's nutritional intake when they were nutritionally at risk although the quantity of fluid consumed had not been totalled daily which meant that there was a risk that low fluid intake would not be promptly identified.

## Is the service effective?

People who had specific dietary requirements, as a result of allergies or a specific health condition such as diabetes, were supported to have the appropriate food and drink to meet their needs. We spoke with the cook who could explain how they met these requirements and people's care records reflected people's needs.

People who had been assessed as being at risk of dehydration, malnutrition or excessive weight gain or loss had plans in place to support them. We saw food and fluid monitoring charts were in place to record the amount of

food and drink that people consumed. Where guidance was required from external professionals such as a dietician, this had been requested in a timely manner and care records were updated to reflect the guidance.

People told us they saw the GP, optician and chiropodists if they needed to. Visitors told us that their family member could see the GP, optician and chiropodist. There was evidence of the involvement of external professionals in the care and treatment of people using the service. A person with diabetes was receiving appropriate checks to ensure they maintained good health. This meant there were arrangements made to meet people's health needs effectively.



# Is the service caring?

## Our findings

People told us that staff were kind. A person said, “They are very caring and well mannered.” They also said, “Staff are ever so attentive. Staff sit and listen, you can tell them anything. If you feel a bit down, they’ll sit with you and make you feel as if you belong.” A visitor said, “[Family member] frequently says, ‘Staff are so kind.’”

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were all right and whether they needed anything. Staff were kind and caring in their interactions with people who used the service. Staff clearly knew people and their preferences well. Visitors told us that staff knew their family member very well.

People told us they could make decisions about their care and felt listened to. A visitor told us that staff discussed their family member’s care directly with their family member. Another visitor told us that they and their family were involved in discussions about their family member’s care.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people’s life history and their preferences. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences. Advocacy information was also available for people if they required support or advice from

an independent person. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us they were treated with dignity and respect. Visitors told us that staff treated their family member with respect. We saw staff knocking on people’s doors before entering rooms and taking steps to preserve people’s dignity and privacy when providing care. We observed that information was treated confidentially by staff.

Staff told us of the actions they took to preserve people’s privacy and dignity. The home had a number of areas where people could have privacy if they wanted it. Staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff told us they had attended privacy and dignity training.

People told us they were encouraged to be as independent as possible. A person said, “I feel more active doing things.” Visitors agreed with this. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us that their families and friends could visit whenever they wanted to. A person said, “I have lots of company here.” Visitors told us they were able to visit when they wanted to. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

# Is the service responsive?

## Our findings

People told us that staff responded to their needs. One person said, “It doesn’t matter what you ask for, they do the best to do it.” Another person told us that they had become unwell at night and staff had quickly helped and reassured them. They said, “I was so glad they kept coming in at night to check on me.” We observed staff responded quickly to people’s needs during our inspection.

Care plans were in place for people using the service and were written from the perspective of the person themselves. They contained detailed information about the person’s preferences in relation to their care. A mini care plan was also displayed in people’s bedrooms which provided further details to support staff to provide personalised care that met people’s needs.

We spoke with people regarding activities and feedback was mixed. A person said, “We can go out into the garden and we’re going to the theatre next week.” Another person said, “I’d like to go out more and get some fresh air.” However, they also said, “I like to play bingo and the keep fit lady comes in every week.” Another person said, “I get so bored sometimes. If I had something to do perhaps I wouldn’t be so bored.” They told us they’d like to go out more. However, a visitor said, “There are many activities to do.” Although they thought people would enjoy more trips out. Another visitor told us that there used to be regular entertainers who visited the home, but they didn’t now. However, they said their family member was able to follow their hobbies and interests.

A staff member felt that people needed more physical and sensory activities. They also wanted more outside entertainers to visit. The deputy manager told us that they would be booking more external entertainers to visit the home. Activities records were maintained for each person. There was no activities coordinator employed at the home but an additional staff member had been employed to offer activities after they had helped people to get up in the morning and have breakfast.

We saw a range of activities taking place during our inspection. We saw an external visitor was running an exercise session in the lounge and people were very involved and clearly enjoyed the session. We also saw people enjoying playing bingo on both days of the inspection. A craft session also took place on the second day of inspection.

People told us they knew how to make a complaint if they needed to. Visitors told us they knew how to make a complaint and would be comfortable doing so. A visitor told us they had raised a concern and it had been resolved to their satisfaction by management. Staff were able to explain how they would handle any complaints received.

We saw that a complaint had been responded to appropriately. Guidance on how to make a complaint was in each person’s bedroom, contained in the guide for people who used the service and displayed in the main reception. There was a clear procedure for staff to follow should a concern be raised.

# Is the service well-led?

## Our findings

We had mixed feedback about whether people were involved in developing the service. People were not aware of any meetings to discuss the running of the home or whether they had been asked to complete any questionnaires. However, they all told us they would talk to the registered manager or deputy manager if they felt anything needed improving. A person said, “Everything runs so smoothly here, there’s nothing to improve.”

Visitors told us they were not aware of any meetings to discuss the running of the home, but they had been asked to complete questionnaires. One visitor told us they had received a response to comments they made in their questionnaire.

Questionnaires were completed by people who used the service and their families. Responses were largely positive except in the area of activities, where people wanted more activities to be available. Opportunities to provide feedback were also encouraged when people entered the main reception. Regular meetings for people who used the service and their relatives were not taking place and the deputy manager told us they would be organising some soon. They were looking for an independent person to chair the meetings so that people and their relatives felt comfortable discussing issues.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. The care home’s philosophy of care was in the guide provided for people who used the service and displayed in the home. We observed that staff acted in line with these values.

A visitor told us that the atmosphere of the home was, “Lovely.” We saw that the environment felt very homely and people who used the service and staff felt comfortable to discuss things openly with each other.

People told us that the registered manager and deputy manager were approachable and listened to them. One person said, “They are perfect at their job, so considerate.” A visitor said, “When the registered manager is told something it gets done.” They told us that the manager and deputy manager had been at the home a long time and knew people very well.

A registered manager was in post but was not available during the inspection. The deputy manager was available throughout the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate.

The manager or the deputy manager worked at the weekend and staff were clear on management arrangements at the home. We saw that staff meetings took place and the registered manager had clearly set out their expectations of staff. A staff member said, “[The registered manager] likes to run a tight ship.”

The provider had a fully effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager. The provider visited the home very regularly and told us that they checked that people who used the service and relatives were happy with the care being provided. They also looked round the building and spoke with staff. Audits were carried out in the areas of the environment, care records, medication and health and safety. The registered manager and deputy manager carried out night time visits to check that standards of care were maintained at night.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Incidents were analysed so that lessons were learned from them. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

The deputy manager told us they and the registered manager of the service were continually seeking to improve the quality of the service people received and develop the knowledge and experience of the staff who support them. For example in 2013 Ryland Residential Home successfully gained the local authority’s ‘Quality Dementia Mark’ (QDM). This is awarded to services that have shown that they provide a high standard of care to people with living with dementia.