

Minster Care Management Limited

# Rydal Care Home

## Inspection report

Rydal Road  
Darlington  
County Durham  
DL1 4BH

Tel: 01325369329

Date of inspection visit:

13 April 2021

16 April 2021

20 April 2021

26 April 2021

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25 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Rydal Care Home is a nursing care home registered to provide accommodation for up to 60 people. The home has three floors and can specialise in providing care to people living with a dementia. At the time of this inspection 31 people were living at the service.

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

Since August 2020 two successive managers had been appointed. The current manager was appointed to the post at the beginning of 2021 and they have applied to become the registered manager. The feedback we received was very complimentary about the new manager. People felt the manager had made improvements. They were confident the improvements would continue to be made.

We found the audit and analysis documents had been enhanced following our January 2021 inspection. An electronic governance system had been introduced, which was used by Rydal Care Home staff and the provider's board of directors to maintain oversight of the services. These systems were being embedded and reviewed to ensure they were robust and supported staff to meet all requirements.

Staff recruitment procedures had been strengthened to ensure staff were employed safely. We discussed with the quality and compliance director and the manager where refinements could be made to audit systems for recruitment to ensure all necessary information was in place.

The management team had sustained the improvements made to staffing levels and there were enough staff on duty to keep people safe. The reliance on agency staff had significantly reduced. At times staff gave little notice they were not fit for work but the provider had arrangements to cover this situation. The manager confirmed they reminded staff of the need to give notice they would be absent in a timely manner.

People and relatives felt the home was safe. They commented on how staff were able to provide kind and compassionate care. Some relatives felt communication around visiting procedures could be enhanced.

Care staff adhered to Covid-19 guidance on working in a care setting. There was enough personal protective equipment (PPE) such as aprons, gloves and masks. Staff had undertaken training in putting on and taking off PPE. Visitors were screened before entering the building.

The manager closely analysed information about accidents and incidents to determine if all reasonable steps were being taken to minimise the risk of falls and people sustaining injuries. They could outline how changes to practice had reduced the number of falls people experienced.

The provider had introduced an electronic medicine administration system, which they found effective and efficient means for supporting staff administering medication. The manager had introduced an innovative system to assist agency nurses readily identify people via the use of the use of photo and room number.

The home had undergone a major refurbishment programme, which had enhanced the environment, and further work was planned.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 22 February 2021).

This service has been in Special Measures since September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on in August 2020. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve person-centred care, safe care and treatment, safeguarding service users from abuse and improper care, the premises and equipment, staffing and recruitment practices.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rydal Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rydal Care Home

## 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

An inspector completed the inspection.

#### Service and service type

Rydal Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means that the provider is solely 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service, the quality and compliance director, the manager, a nurse, two clinical healthcare assistant practitioners (CHAP), two senior care workers and nine care staff members during the visit. We contacted eight relatives following the visit. We reviewed four people's care records, three staff files, staff rotas and a variety of management and quality assurance records for 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 last focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were still being improved to ensure they were always safe.

### Staffing and recruitment

At our August 2020 inspection the provider failed to ensure suitably qualified, competent, skilled and experienced staff were employed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider's recruitment process minimised the risk of unsuitable staff being employed. However, there was some variability in records being kept or obtained. Photographs not in always place and the application forms did not provide enough room to add their full work and education history. We discussed this with the quality and compliance director who confirmed they would review this and make the necessary changes.

At our August 2020 inspection the provider failed to ensure suitably qualified, competent, skilled and experienced staff worked at the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had ensured staff had the skills and competence to work with each individual and clinical healthcare assistant practitioners had been appropriately trained.
- Staffing had been maintained at safe levels and agency staff use has markedly dropped but on occasion staff rang in sick just prior to their shift, which meant cover needed to be obtained through an agency at short notice. We discussed with the manager the need to re-enforce with staff the need to give ample notice they were unwell to prevent shift short for an hour.
- Staffing levels were monitored to ensure there were enough staff to provide safe support. The quality and compliance director regularly reviewed staffing levels to confirm they were in line with dependency calculations. The analysis showed there had been no staff shortages and staff had not worked excessive hours. One person said, "There's always plenty of staff and they are very helpful."

### Assessing risk, safety monitoring and management.

At our August 2020 inspection the provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider and manager had critically reviewed all aspects of the service and determined if and where improvements were needed. For example, they had reviewed the causes for people experiencing falls and put measures in place to reduce these. These actions had resulted in a significant reduction in the number of falls people had.

- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments contained explanations of the control measures for staff to follow to keep people safe.

At our August 2020 inspection the provider failed to maintain standards of the premises and equipment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire. Required test and safety certificates were in place.
- A major refurbishment programme has been commenced, which has significantly enhanced the environment on both units. The units have been decorated in ways which were more dementia friendly and new furniture has been bought. Further work was planned.

#### Preventing and controlling infection

At our August 2020 inspection the provider failed to mitigate the risks to the health and safety of people related to the transmission of infectious disease. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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.

At our August 2020 inspection the provider failed to ensure systems and processes were in place to keep people safe from the risk of abuse. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to protect people from abuse. Staff said they would not hesitate to report any concerns they had.
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.

#### Using medicines safely

- Medicines had been administered safely. Staff administered medicines in line with expected practices. The provider had introduced an electronic medicine administration system, which they found was effective and efficient. The manager had introduced an innovative system to assist agency nurses readily identify people.



# 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 last focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service had made improvements to management, leadership and the culture of the service. These needed to be embedded and sustained.

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

During our targeted inspection in December 2020 we found the provider had met the requirements of the warning notice we served after our August 2020 inspection. Enough improvement had been made at that inspection and the provider was no longer in breach of regulation 17. Systems and processes were in place to assess, monitor and improve the service.

- The manager was appointed to the post in January 2021 and their application to become registered with the Care Quality Commission had been received.
- The manager and the wider management team continued to make improvements to the way the service was operated. For example, a new electronic governance system has been introduced, which the manager, senior managers and board members used to check the service was meeting requirements.
- We found some audits and training in them needed to be developed further. For example, the checks on staff files needed to include all the information about the required recruitments records and staff needed to become familiar with the functionality of the electronic medication system. The manager and provider were working on these.

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

At our August 2020 inspection the provider failed to ensure suitably qualified, competent, skilled and experienced staff worked at the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People, relatives and staff spoke positively about the leadership skills of the manager. One staff member said, "[Manager's name] is fantastic and is really turning the home around. It has been a breath of fresh air to have such a good manager who knows what needs to be done to improve and how to achieve it."
- We received feedback that communication with the service was generally good, and people and relatives were updated on any changes. We noted some relatives felt communication, particularly around visiting arrangement could be better. The manager addressed this immediately and resent information about visiting arrangements to the relatives.

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

At our August 2020 inspection the provider failed to ensure the care and treatment was appropriate, met people's need and reflected people's preferences. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The manager was reviewing systems for obtaining feedback and had begun sending out questionnaires to people and relatives. People said the manager was approachable.
- Staff were very positive about how quality and compliance director and the manager communicated with them. They told us how their views were actively sought and taken on board. One staff member said, "The whole way the home works has changed. Now our suggestions are taken on board, for instance we found the daily record template repetitive and said this to the managers. Immediately they ask us how we would make it better and made the changes we suggested."

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 and manager had notified us of all relevant events at the service as required.
- People, relatives and staff fed back how they felt very confident around the ability of the manager to make and sustain improvements. They felt the home was improving each day, and on track to be a good service. One relative said, "The new manager is best we have had in a few years and she seems really committed to providing a good service."

Continuous learning and improving care; Working in partnership with others

- The manager and quality and compliance director had developed positive working relationships with a wide range of external professionals.