European Healthcare Group PLC

Ryedale Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was unannounced and took place on 8 September 2015.The service had met all legal requirements at their last inspection on 29 November 2013.

Ryedale Care Centre provides care to a maximum of 70 older people with varied health conditions including people living with dementia. On the day of our visit there were 58 people using the service.

At the time of our inspection there was a manager who was in the process of registering with the Care Quality Commission as they had started working at the service six weeks prior to our 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.

The service was not always safe. Although we found that medicines were stored and handled safely, we saw shortfalls in the way medicine administration errors were managed. There had been some delays in ordering medicines prior to our inspection that had impacted

Summary of findings

negatively on people's health. Furthermore, people were not cared for in a clean and safe environment as the premises presented trip hazards and needed refurbishment.

People were protected from avoidable harm at most times because appropriate guidance was followed. We had received several safeguarding notifications relating to unexplained bruising, and falls resulting in fractures mainly occurring at night or in the morning. We saw that aids such as sensor mats were in place to alert staff that people who were at risk of falls were up. However we **recommend** that the provider review staffing and skills mix at night to ensure that people are checked regularly.

Appropriate recruitment checks were completed before staff began to work at the service.

People did not always receive effective care. Care was not always based on best practice as staff did not always have the knowledge and skills they needed to carry out their roles and responsibilities. We **recommend** that appropriate action is taken to ensure that care staff understand how the Mental Capacity Act 2005 applies to their daily role. People were not always supported to have sufficient to eat, drink and maintain a balanced diet.

Consent to care and treatment was always sought in line with legislation and guidance. Where people's liberty was being restricted related assessments including best interests decision-making approaches described in the code of practice to the MCA had been adhered to.

People received personalised care which met their needs. People's diversity and religious preferences were respected.

People's privacy and dignity were respected and promoted through most of the service with the exception of on one unit where we saw unshaven men, improper footwear and inappropriate continence management strategies that left the unit with an unpleasant odour.

There was inconsistent leadership on the units. Performance management and staff support needed to be improved in order to ensure that staff maintained people's dignity and respect and followed appropriate procedures. The current policies sent to us electronically needed updating as they were last reviewed in August 2012. Furthermore staff were not always aware of the content or location of the policies and how they applied to their daily care practice.

We found five breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe. Although we found that medicines were stored and handled safely, we saw shortfalls in the way medicine administration errors were managed. There had been some delays in ordering medicines prior to our inspection that had impacted negatively on people's health.

People told us that they felt safe and that there was usually enough staff to support them.

There were risk assessments to ensure the safety of people and the environment. However, we found that the premises needed to be renovated and that some bathrooms in people's rooms needed refurbishment.

Staff understood how to recognise and report any allegations of abuse.

There were safer recruitment practices which ensured that adequate checks were completed before staff began work.

Is the service effective?

Requires improvement

The service was not always effective. Staff had not received appraisals for a year and supervision was not delivered in line with the service's policy.

People were not always offered an alternative food choice if they did not like the meal offered.

Is the service caring?

Requires improvement

The service was not always caring. People's privacy and dignity were not promoted on one unit where people were left looking unclean. In contrast, on another suite staff engaged with people and responded to their needs with compassion.

People told us that staff were kind and caring.

Is the service responsive?

Good

The service was responsive. People were supported to partake in activities that interested them and encouraged to maintain close relationships with friends and family.

Care plans outlined people preferences and choices. People told us they were able to express their concerns when required. Complaints were acknowledged, investigated, responded to and resolved.

Summary of findings

Is the service well-led?

Requires improvement

The service was not always well-led. The manager was in the process of being registered with the Care Quality Commission. We found shortfalls in the systems to accurately record care given and monitor the quality of care delivered.

There was a clear vision and leadership structure in place.

Ryedale Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 8 September 2015 and was unannounced.

The inspection team included an inspector 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. Our expert had experience of working with and caring for older adults.

Prior to the inspection we gathered and reviewed information from notifications of events the service must tell us about, and the local authority commissioning and safeguarding team. We also reviewed the 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 spoke to nine people using the service, two relatives and two visitors from a local church. We spoke to eight staff members including the chef, activities coordinator, two care workers, two nurses, the deputy manager and the manager. On the day of our visit we also spoke to a person from the Clinical Commissioning Group (CCG) who was in the process of completing an audit. We observed care for a minimum of 40 minutes in each of the four main care settings and saw how staff interacted with 23 people who used the service.

We looked at four turn charts, five fluid and food charts, 10 medicine administration records and five care records. We also reviewed three staff files and 15 supervision records.

Requires improvement

Is the service safe?

Our findings

People's medicines were managed so that they received them safely. Medicines were stored safely. We checked and found no discrepancy in the controlled drugs register. There had been two occasions prior to our inspection where medicines had been not been administered because of a failure in the ordering system. This had resulted in a negative impact to people's health as they had missed antibiotics and pain relief medicines. Staff were aware of how to ensure that this did not happen in future and told us of plans to eventually change the medicine supplier to a pharmacy closer to the service in order to minimise delays. However, we found a shortfall in the management of medicine errors. We highlighted one error on the day of the inspection relating to a discrepancy as medicine was signed for as administered on the 4th of September, however when we checked we found the tablet was still in the blister pack (a prefilled medicine administration pack prepared by the local pharmacy). We did not see an incident form completed about this or any remedial action taken in order to prevent this from happening. This could potentially have a negative impact on people's health as they would have missed a medicine prescribed to improve their health condition.

Risks to people and the service were not always managed so that people were protected and their freedom was supported and respected. Incident and accident forms were reviewed and analysed monthly by management but staff were not always aware of the outcome or any trends identified as a result of the monthly monitoring.

People were not always cared for in a clean and safe environment. We found several trip hazards in people's bathrooms on Woodlands/Oak units, where the shower side had been stripped leaving uneven flooring in the ensuite which were potential fall hazards. The estates manager showed us a plan to renovate the bathrooms in people's rooms upstairs but this still remained a risk at the time of our inspection. Furthermore, we found that the premises needed renovating and redecorating. Some carpets were visibly worn and stained in some parts. Other carpets were uneven in places, and in one place had been fixed with tape. A hoist seen was dirty. In one room, the wallpaper was coming off the walls. In addition there was an unpleasant odour on one of the units demonstrating a shortfall in the current methods used to clean the environment.

These were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from avoidable harm at most times because appropriate guidance was followed. Staff were aware of the safeguarding procedures in place and could tell us the different types of abuse and where to report them. We had received several safeguarding notifications relating to unexplained bruising, and falls resulting in fractures mainly occurring at night or in the morning. We saw that aids such as sensor mats were in place to alert staff that people who were at risk of falls were up. However we **recommend that the provider** review the staffing and skills mix at night to ensure that people are checked regularly.

There were usually sufficient numbers of suitable staff to keep people safe and meet their needs. People and staff told us that staffing at night could be challenging as some people wandered at night. We reviewed staffing rotas for July and August and found that most shifts were covered in accordance to the staffing numbers. Regular temporary staff were used where possible to try to promote continuity of care. We saw that recruitment was in progress mainly for the current registered nurses vacancies. Staff went through a robust recruitment process. Appropriate checks were completed including a criminal record check, occupational health and two verifiable references before staff began to work at the service. People were cared for by staff who had undergone appropriate checks to ensure that they were suitable to work in a health and social care environment.

Requires improvement

Is the service effective?

Our findings

People did not always receive effective care. Care was not always based on best practice as staff did not always have the knowledge and skills they needed to carry out their roles and responsibilities. We found gaps in knowledge of some of the care staff in the way they supported people living with dementia. For example, on one unit food was not served using the correct equipment for a person who needed a guarded plate although such plates were available. Food was not presented in an appetising way to encourage a person who was living with dementia to eat. We also observed minimal interactions and inappropriate responses to people's actions. For example, staff did not respond appropriately to one person who was mobile though unsteady on their feet. They constantly wanted to get up and staff told them to sit down instead of trying to find out why the person wanted to get up or meet their needs another way.

Staff told us and we confirmed in the records we reviewed that staff had not had any appraisals of their work for over a year. Supervision records we reviewed showed that supervision was not taking place as frequently as recommended in the supervision policy which stated that staff were to receive supervision six times a year. Furthermore we saw gaps in the training of staff. Although we were sent a training plan for the rest of the year, people were cared for by staff who were not always supported by means of annual appraisals and supervision. Some staff were overdue training in areas such as safeguarding, dignity in care and the Mental Capacity Act 2005 (MCA).

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported to have sufficient to eat, drink and maintain a balanced diet. During meal times we found varying practices on each floor. On the first floor people were given an alternative meal if they did not want the lunch that was served to them. On the ground floor we observed that two people refused their food and dessert. Staff did not offer them any alternative even though one of these people's care plans stated that they would take bread and butter if they did not like the meal. Furthermore another person who was on nutritional supplements was given a chocolate flavoured supplement even though they did not like it because staff said, "I know you do not like chocolate, but that's the only flavour available." The above practices did not promote peoples choices and did not ensure that everyone was supported to maintain a balanced diet.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent to care and treatment was always sought in line with legislation and guidance. Where people's liberty was being restricted for their own safety, related assessments including best interests decision-making approaches described in the code of practice to the MCAhad been adhered to. However, care staff were aware of people within the service who were subject to a Deprivation of Liberty Safeguard (DoLS) and could specify the reasons why people were restricted although they could not always explain the process required to lawfully deprive people of their liberty.

We found that not all staff had been trained or fully understood the requirements of the MCA in general. We **recommend** that appropriate action is taken to ensure that care staff understand how the MCA applies to their daily role**.**

People were supported to maintain good health, had access to healthcare services and receive ongoing healthcare support most times. We saw that regular weights were checked and if any deterioration a referral was made to the dietitian. We saw that for people on enteral nutrition there was regular liaison with the dietitian and the speech and language therapist. The local GP visited every Thursday and when required.

Requires improvement

Is the service caring?

Our findings

Positive caring relationships were developed with people using the service. People told us that staff were kind. They thought seeing familiar faces helped them. One person said "They come and ask you would this be all right and would that be all right." Another person said "You can have a little laugh and a little joke with most of them." A relative said "I think they've got the right sort of heart." People were cared for by staff who took an interest in them as a person.

People's privacy and dignity respected and promoted most times with the exception of on one unit where we saw men who had not been supported to shave, improper footwear and inappropriate continence management strategies that left the unit with an unpleasant odour. This also could potentially cause skin irritation for people whose incontinence pads had not been changed in a timely manner. There were times when people were put in a position that affected their dignity. The tables at lunch time were laid with table cloths, but no serviettes. Consequently, one person wiped his mouth on the table cloth. Another person had a stained cardigan on.

Staff on this unit sat in the lounge for over 30 minutes without any meaningful interactions with people using the service. They were busy updating their notes and not paying any attention to the nine people in the lounge. As a result one person kept shifting as they wanted to go to the toilet whilst another person kept holding their head as if to indicate some sort of pain. It took a senior member of staff to come in and notice and respond immediately to the needs of these two people.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to express their views and be actively involved in making decisions about their care. Relatives had been involved and had played a key role in providing details of people's histories especially for people experiencing memory loss. We noted in care plans that people's likes, dislikes and preferences were noted. Bed time routines and wake up times and personal care preferences were also outlined.

Peoples diversity was promoted. We saw that people had their faith books readily available in their rooms and those with specific religious head gear requirements were enabled where possible to uphold their religious beliefs. On the day of our visit we saw two people who had visitors from a local church. They told us they came regularly to see people who used to be active members of their church congregation.

We observed that before staff moved people or assisted them they always explained what they were about to do and ensured that the person was offered choice. We saw staff respond appropriately to people who asked for the time or enquired about when their relatives would be visiting. We also saw on the Garden suite that staff we engaged positively with people having a laugh and talking to people about their previous occupation interests and family members. People were cared for by staff who took time to understand their interests and made an effort to keep them oriented to their environment.

Good

Is the service responsive?

Our findings

People received personalised care which met their needs. People were able to personalise their rooms if they wanted. For example, one room had many photographs and pictures on the wall and another had a double bed and a large number of stuffed toys. Some rooms had pictures and icons related to people's culture and religion.

Before people started to use the service they were assessed and care plans were developed to enable staff to support people. People had transfer care plans which could be used when they moved between different services in order to ensure that they would receive consistent care when they used different services. We reviewed four care plans and saw that these contained people's life stories, and preferences. Staff were aware of the needs and the history of the people they were looking after. We saw evidence that care plans and assessments were reviewed monthly and an annual care plan review was also completed with the person and their next of kin present. Any changes were documented and escalated accordingly.

People who were close to their families told us that they were able to see their family when they wanted. Staff and relatives told us that visitors were able to come anytime during the day. People sometimes went home with their families on special occasions such as Christmas and birthdays. People were encouraged to keep in contact with the most important people in their life.

People's activities were planned by an activities coordinator. On the day of the visit, a small number of people on the ground floor were involved in craft activities in preparation for Halloween. However, there were no activities seen on the first floor during the morning of the visit. People told us that they enjoyed some of the activities and all knew the activities coordinators by name. We noted that the activities coordinator covered both floors and sometimes had a hard time getting support from care staff.

People said they partook in activities that interested them. One person, who chose to stay in their room, said that they were "a private person and would not like people coming in to their room to do things with them". Another person said they liked to "read the paper and do the crossword quietly". Another person said that they enjoyed crosswords and word searches and that they joined in bingo and quizzes and supported people doing arts and crafts.

Staff supported people to express their beliefs. There was a multi-faith prayer room available in the service, however, this was on the third floor with no lift, and it was extremely difficult for people to use this facility. A number of people of different religions had pictures and images from their faith on the walls in their rooms. One person was still involved with their church and carried out some administrative duties for them. A church representative visited them once a week. A Catholic priest came in once a month and held communion monthly. People were encouraged to maintain social and religious interests and supported where required to take part in activities related to their personal religious beliefs.

People told us that they would complain to the manager or the nurse in charge. One person said, "I suppose I could talk to one of the nurses." Another person said, "Any one of the nice girls that are here I could speak to, but I've never had a problem." They also felt that staff would listen to them. When asked, one person said "I think they would. If not, you'd have to speak to the manager."

Staff told us that they would escalate any concerns to the manager and also do their best to resolve the issue if they were able to do so. We reviewed complaints made since January 2015 and found that both verbal and non-verbal complaints had been acknowledged, investigated and resolved including a written final response. This meant people's experiences, concerns and complaints were listened to and acted upon.

Requires improvement

Is the service well-led?

Our findings

People told us that the manager was very visible. One person told us that the manager "sticks his head round the door" to say good morning and ask if they is all right. The same person felt that the manager was quite "strict" and said that "he knows all what's going on". Staff told us that they thought the culture was open and transparent that they could report any concerns or accidents without any fear of being victimised or singled out. People and staff felt that there was an open and honest culture.

There was a manager in place who was in the process of being registered with the Care Quality Commission (CQC) and a deputy manager who had started to work at the service four weeks prior to our inspection. Both had the support of a project manager who visited the service weekly to check on the quality of care provided to ensure that people received care according to their needs. On the day of our visit we saw the project manager going round and directing staff where shortfall in care delivery had been identified. For example, on one floor people had not been appropriately supported to shave and upon enquiry it was noted that it was due to unavailability of razors. The project manager took appropriate action to address the issue.

However, although these checks were in place we identified shortfalls in the current systems. There was inconsistent leadership on the units. Performance management needed to be improved in order to ensure that staff maintained people's dignity and respect and followed appropriate procedures. The current policies sent to us electronically shortly after our visit needed updating as they were last reviewed in August 2012. Furthermore, staff were not always aware of the content or location of the policies and how they applied to their daily care practice.

Records were not always accurate and complete in respect of each person using the service. Food and fluid charts were not always specific enough in order to effectively monitor food and fluid intake. Weights were recorded on several different assessments and were not always consistent. Turn charts were not always completed properly and did not always specify the recommended timeframe for each turn.

Although staff were aware of their roles and responsibilities, we saw variations in the way the care was delivered. Nursing staff were more person centred whereas some care staff were more task oriented than person centred. This had a negative impact on the way they delivered care with little interaction.

We received notifications relating to safeguarding incidents and deaths as per legal requirements. However, systems to deal with the multiple falls and unexplained bruising were not effective especially at night where the bulk of the incidents occurred. Furthermore following our inspection we received several complaints from relatives about the way in which a decision was made in response to the service no longer being able to meet people's needs. The above demonstrate a leadership that took time to explain, update and involve relevant stakeholders in aspects of care delivery.

These constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality of care delivered was monitored by means of regular checks from the project manager, manager and qualified staff. We saw that incidents were monitored monthly although staff were not always aware of this, or the outcomes. Regular meetings with head of departments occurred where issues such as maintenance, annual leave and the cleanliness of the service were discussed.

The provider had a clear vision and values statement which was displayed on the company logo "care with compassion". Staff knew this but some were not always able to demonstrate it in practice as they delivered care safely but not always in a person centred or compassionate way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect. We observed that some people were left unshaven, in dirty clothes. One person was left for a long time in a wet incontinence pad Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person did not always ensure that the risks to the health and safety of service users of receiving the care was mitigated by doing all that is reasonably practicable to mitigate any assessed risks; The registered person did not ensure that medicines were managed properly and safely. Procedures in place to manage medicine errors were not always followed. The provider did not ensure that the premises used were safe to use for their intended purpose and were used in a safe way. Regulation 12 (1) 2. (b) (d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Processes were not operated effectively to enable the registered person, to assess, monitor and improve the

This section is primarily information for the provider

Action we have told the provider to take

quality and safety of the services provided including the quality of the experience of service users in receiving those services. Policies needed to be updated as they were past their review dates.

Records were not always accurate, complete and contemporaneous record in respect of each service user. Food and fluid charts were not always specific enough in order to effectively monitor food and fluid intake. Weights were recorded on several different assessments and were not always consistent. Turn charts were not always completed properly and did not always specify the recommended timeframe for each turn.

Results of people's feedback were not always evaluated in order to improve practice.

Regulations 17 (2)(a) (e) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not always ensure that staff received appropriate support, training, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform. Regulation 18 2.(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People's nutritional and hydration needs were not always met as reasonable requirements for food and hydration arising from people's preferences were not always taken into account. Where necessary, people were not always supported or encouraged to eat or drink. Regulation 14 (4) (c) (b)