

Community Integrated Care Rydal Mount

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Rydal Mount is a residential care home providing personal care to 4 people with a learning disability. Rydal Mount is a small bungalow set in its own ground in a residential area.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People were supported by staff to pursue their interests. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care. The service worked well with other agencies to do so. The service gave people opportunities to try new activities that enhanced and enriched their lives. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People received good quality care and support and treatment because trained staff could meet their needs. Staff knew and understood people well and were responsive to any changes in needs. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. The provider continuously monitored the service but in-house checks needed to be more robust to identify areas for improvement.

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 good (published 19 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rydal Mount on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about supporting staff to have training and guidance to carry out in-house audits in a constructive and critical way.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rydal Mount

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

Rydal Mount is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rydal Mount is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave an hour's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with the people who lived at the home talking to them about their activities and lifestyle and observed their support. We spoke to 2 relatives.

We spoke with 5 staff including the registered manager, service leaders and support staff. We contacted 13 staff by email for their views.

We reviewed a range of records. This included 2 people's care records and medicine records. We looked at 2 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, medicines were managed in a safe way. Each person's medicines were securely stored in their own rooms so they were easily accessible.
- Staff had training and annual competency check in medicines administration.
- Staff had used inconsistent codes to record when people had not received medicines but this issue had not been identified during the weekly or monthly audits of medicines. We found no evidence this had any impact on people using the service. The registered manager took immediate action to address this through supervisions and a team meeting.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider would admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were some areas of bathrooms which could not be kept hygienically clean, for example, wooden boards for grab rails, perished sealant around toilet bowls and bins for PPE were not pedal-operated. The provider made plans to address this immediately.
- Visiting arrangements had followed government guidance during the pandemic. People were able to enjoy visits from family members.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from potential abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People indicated they felt safe and were comfortable in the presence of staff members. Relatives said people were "absolutely safe" and "staff really look after them."

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from avoidable harm, including strategies to manage risk.
- A couple of risks assessment records were not sufficiently detailed. These included, for example, the rationale for a locked grocery cupboard. The registered manager took immediate action to address this.
- Maintenance and equipment services were carried out at the required intervals.

Staffing and recruitment

- The provider ensured there were sufficient staff to keep people safe. The provider aimed for a minimum of three staff on duty through the day including one-to-one support for one person.
- Some staff said the staffing standard was not always achieved. The registered manager explained that there had been occasional 'shortfalls' on the rota but this had not impacted people's well-being and service leaders (senior staff) were available to provide contingency cover.
- The provider used safe recruitment practices to check new staff were suitable to work with people.

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- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were some areas of bathrooms which could not be kept hygienically clean, for example, wooden plinths for grab rails, perished sealant around toilet bowls and bins for PPE were not pedal-operated. The provider made plans to address these shortfalls immediately.
- The provider had facilitated visiting by relatives in line with government guidance during the pandemic. Relatives were happy with the visiting arrangements.

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents and the actions taken to manage them. The reports were held electronically so they could be accessed by various management personnel
- The registered manager reviewed all accidents and incidents regularly. Any trends identified were acted on to improve the quality of the care provided to people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and, if needed, applied for appropriate legal authorisations to deprive a person of their liberty.
- Where people had been assessed as lacking capacity for any specific decisions, there was a record of assessments and any best interest decisions.
- Relatives confirmed there were no unnecessary restrictions placed on 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had clear systems to monitor the quality and safety of service and acted where improvements could be made.
- The registered manager carried out audits of the service and reported their findings to the provider. The registered manager reported any areas for improvement on an action plan and this was continuously monitored.
- The staff team also carried out in-house checks to monitor safety but these did not always identify shortfalls. These included, for example, the inconsistencies we found with medicines records and with infection control issues.

We recommend staff are provided with guidance in carrying out audits in a critical manner so shortfalls are identified and addressed.

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

- The service had a positive culture which focused on people enjoying fulfilled lifestyles and being part of their local community. A staff member commented, "The service strives to allow the people we support to live the best lives possible. We are really good at getting out into the community to do what they love to do."
- People were encouraged to be involved in the running of their home, for example interviewing potential new staff and designing the décor in their bedrooms.
- Relatives described the service as "one big family" and "the best place [my relative] has ever lived in".

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

- There were opportunities for people, relatives and staff to provide feedback about the service. People and relatives were invited to be involved in 6 monthly reviews to discuss the care provided.
- Relatives said communication with the staff was very good. Their comments included, "They keep in touch all the time" and "If I thought anything should be different (about the support) I know I could tell them and they would listen."
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.

Continuous learning and improving care

- The provider and registered manager were committed to continuous improvement of the service.
- The provider was a national organisation which shared good practices, initiatives and any lesson learnt with all its services so they could learn, adapt and improve their practice.

Working in partnership with others

- The service staff worked in collaboration with other health and social care professionals to support the people who used the service.
- Care professionals had many positive comments about the way staff team had "contributed to assessments and taken on board advice and new approaches" to ensure positive outcomes for the people who lived there.