

Risedale Estates Limited

Risedale at Aldingham

Nursing Home

Inspection report

Aldingham
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Ratings

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

Summary of findings

Overall summary

We carried out this inspection on 22 April 2016. The inspection was unannounced. We last inspected this service in May 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Risedale at Aldingham Nursing Home provides accommodation for up to 31 people who need nursing or personal care due to physical or mental health needs.

The home is a large period building, which has been extended and modernised to suit its present use. Accommodation is provided over three floors and there are two passenger lifts to help people to access the upper floors. The home has a range of equipment suitable to meet the needs of people living there.

All of the bedrooms had a private ensuite toilet and there were shared toilets and bathrooms suitable to meet people's needs. There were 29 bedrooms for single occupancy and one double room that two people could choose to share.

There was a registered manager employed at the home. 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 who lived in the home and the visitors we spoke with told us that this was a good home and said that they would recommend it to other people.

Staff were patient, kind and caring. They knew people well and gave people the time they needed to express their wishes.

People were supported to maintain their independence and their privacy and dignity were protected.

There were enough staff, with the appropriate skills and knowledge, to provide the support people required.

People were safe. They were protected from abuse and risks to their safety had been identified and managed.

People were provided with meals and activities they enjoyed. Visitors were made welcome and people could see their friends and families as they wanted.

The registered manager set high standards. She asked people for their views and used these to develop the service. People knew the registered manager and how they could speak with her if they needed.

People's rights were protected. The registered manager was knowledgeable about her responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body and was required to maintain their safety and welfare.

The registered provider and registered manager had good systems in place to monitor and improve the quality of the service.

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.

People were protected from abuse.

There were enough staff to provide the support people required.

Risks to people's safety had been identified and managed.

Is the service effective?

Good ●

The service was effective.

People received a choice of meals that they enjoyed.

The staff had the skills and knowledge to provide the support people needed.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and their responsibility to ensure people's rights were protected.

Is the service caring?

Good ●

The service was caring.

Staff were patient, kind and caring. They knew people well and gave people the time they needed to express their wishes.

People were supported to maintain their independence and their privacy and dignity were protected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were included in agreeing to the support they received.

Visitors were made welcome and people could see their families and friends as they wished.

People were provided with a range of activities that they enjoyed.

Is the service well-led?

The service was well-led.

People knew the registered manager and how they could speak with her if they needed.

The registered manager set high standards. She asked people for their views and used these to develop the service further.

The registered manager and registered provider had good systems in place to monitor the quality of the service.

Good ●

Risedale at Aldingham Nursing 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 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 22 April 2016 and was carried out by one adult social care inspector and a specialist advisor with experience of providing nursing care for older people.

There were 30 people living in the home at the time of our inspection. During the inspection we spoke with 14 people who lived in the home, five visitors, five members of the care team, and three ancillary staff. We also spoke with two health care professionals who supported people who lived in the home. We observed care and support in communal areas and looked at the care records for six people.

People who lived at the home were not easily able to tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager of the home had 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

People who could speak with us told us that they felt safe living in this home. One person told us, "I have no worries about my safety" and another person said, "Of course we're all safe here". We spoke with relatives who visited the home regularly. They all told us that they were confident people were safe and said they had never seen anything that suggested people were not safe. One relative told us, "The staff always speak to people and treat people nicely. This is a good home, well run, [the registered manager] and staff wouldn't stand for anyone being mistreated, I'm fully confident of that".

Some people who lived in the home could not easily share their views with us. We saw that people who could not share their views with us were comfortable and relaxed around the staff who were working in the home.

All of the staff we spoke with told us that people were safe living in the home. They told us that they would be able to identify from individuals' behaviour and body language if they felt unsafe or anxious. All the staff said they would immediately report any concerns about a person's safety or wellbeing to the registered manager or a senior person within the organisation. One staff member told us, "We all know to report any concerns. If I saw another member of staff treating someone in a way I wouldn't want to be treated, I'd tell them to stop and then I'd report it to [the registered manager]".

The registered provider had a good system for staff to report any concerns. Details of how staff could contact a senior person were displayed in the staff room. We saw that there were telephone contact details for senior managers who staff could contact at any time if they had any concerns. This meant that all the staff could contact a senior person to report a concern if they were not able to speak to the registered manager or senior staff member on duty.

Visitors to the home told us that there were enough staff on duty to provide the support their relatives needed. One visitor told us, "There are always plenty of staff about, I've never seen anyone have to wait very long if they need help". Another relative told us, "You can tell there are enough staff because everyone looks so clean and well cared for. The staff are attentive and not rushing about trying to look after three people at once".

The care and nursing staff were supported by ancillary staff including catering staff, housekeepers, a receptionist and a maintenance person. This meant that the care and nursing staff were able to use their time to support people who lived in the home.

During our inspection we saw that the staff gave people the time they needed and were patient and unhurried while assisting people. We saw that people received the support they needed promptly.

The staff we spoke with told us that they had regular training around how to keep people in the home safe. They told us that this included training in how to use equipment safely, how to provide people's care and how to report any concerns about a person's safety or welfare.

We saw that medicines were handled safely. People received the support they needed to take their medicines. Medicines were stored securely to prevent them being misused. The staff who handled medicines had completed training in how to do this safely. The records of medicines that had been given to people were fully completed to show when people had received their medicines. This protected people as it helped to prevent mistakes in how medicines were administered.

The registered provider carried out checks on all new staff to ensure they were safe to work in the home. New staff had to provide references to show they were of good character. They were also checked against the Disclosure and Barring Service records to ensure that they did not have any criminal convictions that would make them unsuitable to work in the home. The recruitment checks helped to ensure new staff were suitable to work in the home.

We saw that risks to people's safety had been identified and actions taken to protect people from harm. These included assessments of the risks around use of equipment such as wheelchairs and portable hoists. People were protected because risks to their safety were identified and managed.

Is the service effective?

Our findings

People who could speak with us told us that the staff in the home knew the support they required and were able to provide this. Visitors we spoke with told us that the staff were "all very good" and said the staff "seem to know their jobs".

Visiting health care professionals told us that the staff in the home provided people with a high quality of care.

All of the staff we spoke with told us that they completed training to give them the skills and knowledge to carry out their roles. One staff member told us, "I worked in care before I came here but I still had to do all the training again to make sure I knew what I was doing". Another member of staff said, "We're always doing training".

Throughout our inspection we saw that the staff on duty had the skills and knowledge to provide the support that people needed.

The registered manager had systems to identify the training that staff had completed and when this had to be repeated. This helped to ensure that the staff were provided with the training they needed to keep their skills and knowledge up to date.

Some people were living with dementia and required support to make important decisions about their care and lives. The registered manager of the home had a good understanding of the Mental Capacity Act 2005, (MCA) and how to protect people's rights. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that the staff in the home assumed that people were able to make choices about their daily lives. They asked for people's agreement before providing their care and respected the decisions that people made. People chose where to spend their time, what time they got up in a morning and whether to take part in the activities provided.

At the time of our inspection there were two people in the home who had a DoLS authorised by the local authority. We saw that these had been agreed to ensure the individuals' safety and welfare. We did not see anyone being unlawfully deprived of their liberty and throughout the inspection we saw that people's rights were respected.

People told us that they had a choice of meals that they enjoyed. We saw that people who required support to enjoy their meal received this discreetly and staff were unhurried and patient while supporting people.

Some people required small items of equipment, such as plate guards, to help them to eat independently. We saw that the staff knew the equipment people required and provided this.

Visitors we spoke with said the staff in the home contacted the doctor if their relative was unwell. One person told us, "I have no concerns at all, if Mum's not well the staff get the GP and they let us know what the doctor said".

The care records we looked at showed that people were supported to access appropriate health care including from their doctors, the optician and chiropodist. People were also supported by specialist services as they required. Health care professionals we spoke with told us that the staff in the home contacted them in an appropriate way. One told us, "The staff make appropriate referrals and always act on any advice we give". People received the support they required to maintain their health.

Is the service caring?

Our findings

People who could speak with us told us that the staff in the home were caring. One person said, "This is a lovely home, the staff are very caring to people". A visitor to the home told us, "You won't find more caring staff anywhere". Some people could not easily tell us their views about how the staff treated them. We saw that people who could not speak with us were comfortable and relaxed with the staff who were supporting them.

Everyone we spoke with told us that this was a good home and said that they would recommend it to other people.

We saw that the staff on duty knew people in the home well and knew how they communicated their needs and wishes. During our inspection we saw that the staff had identified that one person felt unwell. Their doctor had been contacted and asked to come to see them and a member of staff spent time with them giving them reassurance and gently holding their hand.

We saw that people's privacy and dignity were respected. The staff spoke to people in a friendly and respectful way and called people by their preferred name. Where people needed support with their personal care they were assisted to move to their bedrooms or to one of the bathrooms and their care was provided in private. The staff ensured that doors to toilets and bedrooms were closed while people were receiving care.

People who could speak with us told us that they were included in decisions about their lives. Where people were not easily able to make decisions about their lives we saw that people who knew them well had been included in planning their care. This helped staff to know the things that were important to the person, not just about the support they needed.

We saw the staff were patient, kind and caring when supporting people and gave them information and guidance in a way they could understand. We observed how staff interacted with people who could not easily express their views. We saw that people enjoyed spending time with the staff, showing their pleasure by smiling and by their body language. The staff knew how individuals communicated their wishes and gave people the time they needed to make choices about their support.

People were supported to maintain their independence and control over their lives as far as they were able. Where people required items of equipment to support their independence the staff ensured these were always available when they needed them.

The home was clean and fresh smelling and there were no lingering unpleasant odours. People we spoke with told us that they had never noticed any unpleasant smells in the home. One relative told us, "You go in some homes and you can't help but notice there's a smell. But it's never like that here". This helped to promote people's dignity.

The registered manager knew about local advocacy services that could support people to express their wishes if they needed this. Advocates are people who are not connected with the home who can support people to make decisions or to express their views.

Is the service responsive?

Our findings

People who could tell us their views said the service was responsive to their needs and wishes. Everyone we spoke with said they knew the registered manager of the home and told us that any requests they made were usually agreed promptly.

The registered provider had a procedure for receiving and responding to complaints. A copy of the complaints procedure was included in the information given to people who lived in the home. We saw that the complaints procedure was also displayed in the home. This meant it was available to people if they wished to make a complaint.

People we spoke with told us they had never needed to make a formal complaint about the service provided. They told us that, if they had any concerns, they would speak to the nurse on duty or to the registered manager and said they were confident action would be taken in response to their concerns. One person told us, "I've never needed to complain, but if I want something changing I speak up and they always do as I ask".

People who lived in the home told us that their families and friends could visit them whenever they wanted and were made welcome in the home. Visitors we spoke with confirmed this. One person said, "I come every day and I'm always made welcome". Another person said, "We come a couple of times a week, there are no restrictions, we can pop in whenever we want".

Each person who lived in the home had a care plan that detailed the support they required and how they wanted this to be provided. People who could speak with us told us that they had been included in agreeing to the support they received. We saw that, where people were able, they had signed their own care plans.

People told us that their care was reviewed and discussed with them regularly. The care records we looked at showed that the individual, and those who knew them well, had been included in reviewing their care.

The staff we spoke with said they knew the support people required because this was detailed in their individual care plans.

The home employed two activity coordinators to arrange and oversee activities. People told us that they were provided with a range of group and individual activities that they enjoyed. The inspection was carried out the day after the Queen's 90th birthday. People who lived in the home and their visitors told us that a "street party" had been held in the home to celebrate the Queen's birthday. People told us that they had enjoyed this and we also saw this from photographs that had been taken and displayed in the home.

Two visitors also told us about a "tea dance" that had been held and that they had been invited to attend. They said they were informed about planned activities and invited to come and enjoy these with their friends or relatives.

The home had a tablet computer that was being used to introduce innovative individualised activities. A member of the activities staff told us that they had used this with one person to look at photographs and places that were important to them before they came to the home. They said that this had improved the person's wellbeing during and following the activity. The activities coordinator told us how they were planning to use the tablet computer in individualised activities for other people.

We saw that people who lived in the home and their relatives had been asked for their views about the range of activities provided. Their comments had been used to develop new activities that people could take part in, on their own or as part of a group. This showed that people's views were taken into account when activities were planned.

Is the service well-led?

Our findings

Everyone we spoke with told us that this was a good service. People told us that they knew the registered manager and how they could contact her if they needed to.

People told us the registered manager was "very approachable" and "easy to talk to". During our inspection we saw that people who lived in the home and their visitors knew the registered manager and were comfortable speaking to her.

All the staff we spoke with told us that the registered manager was very supportive and set high standards for them to work to. They told us, "[The registered manager] is brilliant, really approachable and supportive" and said, "[The registered manager] is very clear about the standards she expects, we all want people to get the best care".

Health care professional we spoke with told us that the registered manager and staff in the home cooperated with them to ensure people received the health support they required. One told us, "We have a really good relationship with the manager [registered manager]". Another told us that the registered manager was "really open to our suggestions". They told us that the staff in the home worked hard to ensure people received the support they needed and said they were a "well coordinated team".

The registered provider had asked people who lived in the home and their families to complete a quality survey to gain their views of the service. We saw that the registered manager had developed an action plan to address areas which could be further improved. The findings of the survey and the action plan were shared with people in the home and their relatives, so that they could see what action was planned.

Some people who lived in the home could not easily express their views about their care. We saw that the staff asked people if they were happy with the support provided. They knew how each person communicated, including the use of non-verbal communication, such as hand signals and facial expressions. People were given choices about their daily lives and care and the decisions they made were respected.

The registered manager of the home carried out regular checks on the service to assess the quality of the care provided. They had identified areas of the service that they wished to develop. They told us that the registered provider was supporting them to improve the service further.

The registered provider had a staff training centre and provided their staff with a range of training. They also supported staff who wished to study for professional qualifications including as assistant practitioners and as registered nurses. All of the staff we spoke with told us that the provider gave good opportunities and support for them to develop in their careers.

The registered provider checked on the quality of the service provided. Senior managers in the organisation carried out regular unannounced visits to the home. At these visits they spoke with staff, people who lived in

the home and their visitors. This helped the registered provider to assess the quality of the service people received.

Registered providers of health and social care services have to notify the CQC of important events that happen in their services. The registered manager of the home had informed us of significant events as required, this meant that we could check that appropriate action had been taken.