

Ryedale House Limited

Ryedale House

Inspection report

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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

About the service:

Ryedale House is a residential care home which provides care and support to people with mental health needs. It is registered to provide care for up to seven people. At the time of our inspection there were seven people living at the home.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. There were systems in place to make sure the service was safe, with good staffing levels and skilled staff to deliver good quality care.

Risks to people were fully assessed and well managed. People were supported to take positive risks, to make sure they had greater choice and control of their lives. The positive risk-taking approach showed that staff respected people's right for independence and their right to take risks.

Staff had been safely recruited to meet people's needs. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 5 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ryedale House on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ryedale House

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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Ryedale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 accommodates up to seven people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' 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:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used all of this information to plan our inspection.

During the inspection:

We spoke with two people who used the service and had discussions with three members of staff that included the registered provider/manager, the trainee manager and a support worker. We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We spoke with three relatives of people using the service on the telephone to gain their views about 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 inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person told us, "I feel safe. It's because of the staff, they make me feel safe." A relative commented, "[Name of family member] is safe at the home. The manager and her staff do all they can to make sure people living at Ryedale are kept safe."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would always raise any concerns with the manager. I know she would deal with things properly."
- All staff we spoke with were aware of the provider's safeguarding and whistleblowing procedures and records confirmed they had relevant and up to date training in this area. One commented, "We do safeguarding training every year. I know about the different types of abuse and how to report it." Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify all the risks present within a person's life. These included environmental, activity specific, and behavioural plans. Each person's assessment was personalised to them and described the support they needed to manage any behaviours that might challenge the service. Staff told us they were able to keep people as safe as possible, whilst also promoting people's independence.
- Risk assessments were completed in a way that allowed people as much freedom as possible and promoted people's independence. In all instances, these had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "Yes there are more than enough staff." A relative told us, "There are always enough staff to make sure people can get out and do the things they enjoy."
- Staff said there were sufficient staff to meet people's needs. One commented, "We have enough staff to meet people's needs and support them in the community."
- We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was consistent.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. Their care plans included details of the support they needed to take their medicines, which included any preferences about how they took their medicine.
- Staff had undertaken training, so they could give people their prescribed medicines safely.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic, and regular monthly audits were completed with action plans in place to address any issues.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessments process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A relative told us, "[Family member] has a lot of needs and the staff know exactly how to look after them."
- We saw an ongoing schedule of training in place, to ensure staff kept up to date with good practice.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through their one to one meetings. One told us, "I have regular supervision and lots of support from the manager and [name of trainee manager]."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food that was served to them and they always had a choice.
- Special diets were catered for and we saw staff supported one person to buy culturally appropriate foods and prepare culturally appropriate meals.
- Information was recorded in care plans about the support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people were at risk of weight gain.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. The registered manager told us how they had supported one person with a specific health need to visit a health appointment which they had been reluctant to attend because they became anxious.
- People's care plans included information about their health needs, medication and allergies. For example, we saw that people's weight was regularly monitored and we saw detailed assessments for people's oral healthcare.

- People had emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

Adapting service, design, decoration to meet people's needs

- The building and amenities were suitable and accessible to the people living at the service. The layout of the building ensured that the environment offered plenty of personal space.
- The service was homely and reflected people's tastes and preferences.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty. These had been kept up to date when an authorisation had expired.
- The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Conduct. One member of staff told us their understanding of DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received very supportive care from staff who knew them well. They had developed positive relationships with the staff. One person said, "The staff are good. They care and look after us." A relative told us, "[Family member] is in the best place possible. I have seen improvements. Its like they have become a person again. The staff know them so well and genuinely care for them."
- We found that people using the service had varying degrees of ability and we saw that some could challenge the service. The staff approach and ethos of the service was focused on people's strengths.
- People were treated as individuals and had outcome focused care plans that they were involved in completing and reviewing on a monthly basis. They included information about people's areas of strength, special interests and how they made choices.
- We saw a comment in a service satisfaction survey from a healthcare professional that read, "Ryedale House is a bench mark service and provides excellence in the face of enormous challenges."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged to express their own wishes and opinions regarding their care. They explained that staff listened to them what they had to say and ensured their care reflected this. One person told us, "I have a say about my care. The staff listen to me."
- Staff actively involved people in making decisions and knew people's individual communication skills, abilities and preferences. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff do treat me with respect." A relative commented, "The staff treat [family member] with dignity and they have a lot of patience. I can't fault them."
- People were encouraged to maintain their independence and do as much as they could for themselves.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People received care that met their individual needs. One person told us how staff supported them to access the community. They said, "I like to go out for a drive and for something to eat." A relative commented, "[Family member] has a lot of difficult issues but they have improved so much since they went to live at the home."
- Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. There was very detailed guidance for staff to follow in relation to people's behaviours. Staff told us care plans were very valuable guides to what care and support people needed and were always kept up to date so they remained reflective of people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people could be made available to meet their specific communication needs when needed. At the time of our visit there was no one who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to choose the activities they were interested in. The registered manager said that activities were chosen by people and were centred around their preferences. Some people using the service were able to access the local community independently, and staff supported those who couldn't.
- People were supported to develop and maintain relationships with people that mattered to them. One relative told us, "I can visit when I like. They always make me feel welcome."
- People were supported to take part in activities that were culturally relevant to them. We saw that one person was supported to attend their preferred place of worship and staff supported them to shop and cook for culturally relevant foods.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was easy to use. One person told us, "I would go to [name of registered manager] if I wasn't happy. She would sort it out for me." A relative commented, "I would feel comfortable making a complaint. [Name of registered manager] is very approachable."
- The registered manger told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately and we saw this had been used effectively to deal with one complaint received by the service.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 inspection this key question was rated as Good. At this inspection 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: Continuous learning and improving care

- There was a registered manager, who was also the registered provider. They were supported by a deputy manager and a trainee manager. The registered manager told us her plan was to ensure the trainee manager received sufficient training to enable them to register as a manager with the Care Quality Commission. They would both then job share the role of registered manager.
- The quality of care was regularly monitored. Audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. Action plans were put into place when areas needed to be addressed. We saw these had been addressed promptly.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.
- Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, lone working, reporting accidents and incidents and fire safety.

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

- The service was led by a motivated registered manager and staff team. They shared a commitment to providing a service that passionately promoted person-centred values.
- People and relatives were very positive about the way the service was managed. A relative said, "In my opinion, the staff are well led by their manager, who is a good role model for her staff. She has a passion for the job, but it's more than a job to her. They [meaning people who use the service] are like a family to her."
- People experienced positive outcomes because staff completely understood their needs and preferences. One relative told us, "[Family member] has come on in leaps and bounds since they went to live at the service."
- People and staff commented that the registered manager and the trainee manager always were visible and worked y are both passionate about the job. One staff ,member said," They work on the floor all the

time. They are very knowledgeable and have a lot of experience."

- All the feedback we received about the service was very positive and we were told how valuable the service was to people. One relative told us, "[family member] has been to several places but this is the best. They wouldn't have come so far if it wasn't for Ryedale."

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 registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff told us that because the service was small the communication throughout the service was very good. Staff told us they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- Service satisfaction questionnaires were sent out to people, family members and health professionals to comment on the overall quality of the care. One comment from a health professional read, 'Ryedale is an excellent care establishment. I support three people who live at Ryedale House all of whom are very happy with their care. I know that I will always get a timely response to any queries or concerns. Highly recommended.'

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GP's.