# Wellburn Care Homes Limited

# Ryton Towers

## 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? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 17 May and 23 May 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ryton Towers is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ryton Towers accommodates a maximum of 43 older people, including people who live with dementia or a dementia related condition, in one adapted building. At the time of inspection 36 people were using the service.

At our last inspection in November 2016 we rated the service good. There was one breach of legal requirement, regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to governance. At this inspection we found improvements had been made and the service was no longer in breach of the regulations.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Improvements had been made to the quality assurance processes. A range of systems were in place to monitor and review the quality and effectiveness of the service. There was regular consultation with people or family members and their views were used to improve the service. Staff and people who used the service said the registered manager was supportive and approachable.

Changes were being made to the environment. It was being refurbished and more communal areas were being provided to benefit people. There was a good standard of hygiene and minimum disruption whist improvements were being carried out.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care, however records did not always reflect the care provided.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. People told us they were safe. There were enough staff to provide individual care and support to people.

People had access to health care professionals to make sure they received appropriate care and treatment. People received their medicines safely. They told us staff were kind and caring and they felt comfortable with all the staff who supported them. Appropriate training was provided and staff were supervised and supported.

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

Menus were varied and a choice was offered at each mealtime. Staff supported people who required help to eat and drink and special diets were catered for. A variety of activities and entertainment was available for people. However, we considered people should be stimulated and engaged when the activities person was not available.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good

The service remains good.

### Is the service caring?

Good

The service remains good.

### Is the service responsive?

Requires Improvement

The service had deteriorated to requires improvement.

Regular staff knew people's care and support needs but records did reflect the care provided by staff.

### Is the service well-led?

Good

The service had improved to good.

# Ryton Towers

**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 was planned to check 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 the 17 May and 23 May 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. On the second day of inspection the inspector carried out the inspection.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with 11 people who lived at Ryton Towers, the registered manager, the deputy manager, the regional manager, five relatives, the food technician, the housekeeper, seven support workers including two team leaders and two visiting professionals. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for four staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting

minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

# Is the service safe?

## Our findings

Everyone we spoke with said that they felt very safe living at Ryton Towers and in the hands of the staff who supported them. One person said, "I'm quite safe here." One relative told us, "[Name] is very happy, they've put on weight and I feel they're safe here." Another relative commented, "[Name] gets plenty of help at night, they need support. I think they're safe." Other comments included, "[Name] seems very content, but importantly they are safe" and "I think people are safe. There is always someone around."

There were 36 people living at the home at the time of inspection. Staffing rosters and observations showed people were supported by six support staff during the day. These numbers did not include the registered manger and deputy manager. All staff and people interviewed told us they thought there were enough staff on duty. Overnight staffing levels had recently been increased from three to four support staff. One person commented, "They are a mixed bunch of staff and always available to help." A relative told us, "I have never felt there are not enough staff." Another relative said, [Name] has a personal alarm button and staff come straight away if they press for help."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the management team would respond to and address any concerns appropriately. The safeguarding log recorded instances where an allegation had been made and these had been appropriately raised and investigated. However, we noted recent safeguarding notifications had not been submitted to the Care Quality Commission. We discussed this with the registered manager who advised us they had attended a recent meeting where they had been told not to submit them to the Care Quality Commission, as they were informing the local authority. We informed them safeguarding notifications should continue to be sent to the Care Quality Commission even though they were alerting the local authority. They told us this would be addressed.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from falls or the risk of choking. Where an accident or incident did take place, these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

Arrangements were in place for the on-going maintenance of the building. Regular checks were carried out and contracts were in place to make sure the building was well-maintained and equipment was safe and fit for purpose. Appropriate emergency evacuation procedures were in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced.

There was a good standard of hygiene around the building. Staff received training about infection control and they had access to protective equipment to help reduce the spread of infection.

Systems were in place that showed people's medicines were managed consistently and safely by staff. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We checked the medicine administration records (MAR) and these showed that people received their medicines correctly. (A MAR chart is a working document used to record administration of medicines).

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

# Is the service effective?

## Our findings

People were supported by skilled, knowledgeable and suitably supported staff. All people, relatives and professionals we spoke with praised the staff team. Staff told us they were trained to carry out their role and there were opportunities for personal development. New staff had undergone an induction programme when they started work with the service. They shadowed more experienced workers until they were confident in their role. One staff member told us, "There are always training opportunities." Another staff member said. My training is up-to-date." A visiting professional commented, "The staff team are very professional. They know what they are doing."

Staff made positive comments about their team working approach and the support they received. One staff member commented, "We're a good staff team, we work well together." Staff told us they were supported by the management team. Regular supervision sessions took place with each staff member. One staff member told us, "We have regular supervision with the manager." Another staff member commented, "I have supervision every two to three months. I've just had one recently." All staff members also had an annual appraisal of their performance with the registered manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications appropriately and told us 17 authorisations were in place.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, district nursing service and speech and language therapist. Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "They [staff] always ring me if there is an issue."

People enjoyed a varied diet. One person commented, "The food is excellent." Another person said, "There is always plenty to eat." A relative told us, "[Name] thinks the food here is wonderful, they're very happy and

putting on weight." People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss.

Care was provided from a large, grand building that was being refurbished at the time of inspection. Improvements were being made to communal areas which included a new dining room. There were plans in place to create mood lighting and restaurant style dining to assist people who lived with dementia. Additional communal rooms such as a quiet lounge and activities room were being created for the benefit of people. The registered manager informed us work would be completed by August 2018.

Good

# Is the service caring?

## Our findings

During the inspection there was a relaxed and pleasant atmosphere in the home. One person commented, "I love it here, I have a lovely room." Another person told us, "I like it here very much." Relative's comments included, "The staff are excellent. I haven't met one person who wasn't excellent", "[Name] gets on with her key worker [allocated member of staff] so well, they've been with [Name] since they arrived on day one" and "The staff are great." People gave positive feedback about the support they received and the caring nature of the staff. They told us the staff and management were supportive and spent time listening and engaging with them.

People appeared relaxed with staff. Staff interacted in a caring and patient manner with people. When they carried out tasks with the person they bent down as they talked to them so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and sympathetic manner. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Support plans also provided detailed information to inform staff how a person communicated.

Detailed information was available in the activities co-ordinator's file about people's likes, dislikes and preferred routines. They used this information to prepare individual plans for people's hobbies and interests. We were told this information was stored separately rather than being accessible to all staff. We discussed this with the registered manager who told us it would be addressed.

People's privacy and dignity were respected. People told us staff were respectful. We observed that people looked clean, tidy and well presented. One relative commented, "The hairdresser comes regularly." We observed staff knocked on people's doors before entering their rooms, including those who had open doors.

People received information about the service when they started to use it. This provided them with information about the provider, including who to contact with any questions they might have. People we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. They told us they were supported to express their views and to be involved in making decisions about their care and support. Support staff were able to explain how they supported people to express their views and to make decisions about their day to day care.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. A more formal advocacy arrangement could be put into place where required to assist people with some of their decisions. Advocates can represent the views of people who are not able to express their wishes. Information about the use of advocates was displayed in the home.

Requires Improvement

# Is the service responsive?

## Our findings

Record keeping was inconsistent as some care plans did not all reflect the care provided by staff but staff were aware of people's care and support needs. Care plans such as for personal hygiene were person-centred and described in detail how staff should provide care in the way the person wanted. Other care plans were in place to meet people's needs. However, two care plans for nutrition and mobility contained limited information. They referred to assessments that had been carried out but the assessment results had not been transferred to care plans that reflected the current needs of people. Monthly evaluations were undertaken by staff and care plans were usually updated following any change in a person's needs. However, for one person the monthly evaluation and care plan did not record all the improvements in pressure area care to a person's foot. When we checked with staff the wound had healed and the person was not being treated for this area of care.

People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. Relative's and people told us reviews of their care took place. However, care plan documentation was not signed by them to show they or their relative had been involved.

We discussed these areas of improvement with the registered manager and management team who told us they were being addressed as the care planning system was being updated as care records were being transferred from paper to an electronic system. At the time of inspection this transfer was in progress.

A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

Some people could display anxiety, distress and aggression due to their needs. Where this was the case, the risk of causing harm had been assessed, and a number of steps determined to reduce the risk of any harm occurring. Care plans related to people's mental health and behaviour were specific to the individual and included information about any potential 'triggers' and the best way staff should try and diffuse any situations which may arise. Staff were able to use this information to reassure the person if they felt uneasy. Referrals had been made to the positive behaviour support team, to get specialised support where people displayed behaviours which may be challenging.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. This was discussed with relevant people to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

People and relatives confirmed there was a varied choice of activities available. However, on the day of inspection we observed people slept for much of the morning and staff were not available to carry out activities or engage with people apart from when they provided care and support. In the afternoon armchair exercises took place but this was not well-organised. The session started before people were settled sitting down after their lunch and other people who were trying to join in could not see or hear the person as they had their back to them. We discussed this with the registered manager who told us staff would carry out activities with people in the absence of the activities person. A new person had just been recruited. We also discussed team leaders maybe organising and allocating staff some tasks such as activities at the beginning of each shift so they knew which jobs they were responsible for.

An activities programme advertised weekly pamper sessions, aromatherapy, reminiscence, singing, music therapy, movie afternoons, armchair exercises and card games. Entertainment and concerts also took place. Topical events included Armistice Day commemorations and plans were being made for a party to celebrate the Royal Wedding. The hairdresser visited weekly and three local members of the clergy visit weekly on a rotational basis. People had regular opportunities to go out on trips and individually into the local community. The home's gardens overlooked the park and people could watch children playing and the activities held in the park. The home had developed other very good links and contacts with the local community to benefit people's socialisation.

People and relatives told us they would be comfortable raising any concerns or complaints and expressed confidence they would be dealt with. They said they would either speak directly to the registered manager or to senior staff. A copy of the complaints procedure was available in the service and information was given to each person about how they could complain. Complaints records showed the service had received no complaints. Several letters and cards of appreciation were available that complimented the care provided by staff.

Good

# Is the service well-led?

## Our findings

A registered manager was in place who had registered with the Care Quality Commission in July 2017. 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.

Improvements had been made to the quality assurance system since the last inspection so the service was no longer in breach of this requirement.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The provider understood their role and responsibilities to ensure notifiable incidents such as serious injuries were reported to the appropriate authorities.

The registered manager and deputy manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to tell us about the provider's ethos and share their priorities for the future of the services run by the provider. They were also open to working with us in a co-operative and transparent way.

The atmosphere in the home was relaxed. Staff were busy but they said they felt well-supported by the management team. They said they could approach them to discuss any issues. They told us the registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. They were positive about their management and had respect for them. They told us communication was effective to keep them up-to-date with people's changing needs and the running of the home.

Staff meeting minutes were available to show that meetings took place regularly to assist with communication and ensure the smooth running of the home. Staff members told us staff meetings took place and minutes were made available for staff who were unable to attend.

All staff informed us there were opportunities for personal development and career progression. The registered manager told us about the staff incentive scheme whereby an employee would be nominated and recognised by the provider for their outstanding contribution in the work place.

Records showed meetings took place with people. Resident and relative's meetings took place to discuss menus, activities, entertainment, meal times and any changes including the refurbishment programme to keep people informed and involved in the running of the home.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and staff.