

Laurel Bank Residential Care Home Limited

Riseley House Care Home

Inspection report

Riseley Street
Macclesfield
SK10 1BW

Tel: 01625908225

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27 July 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Riseley House Care Home is a care home providing personal care for older people, including people living with dementia. The service also provides care and a period of rehabilitation to people being discharged from the local hospital prior to going back home.

Riseley House Care Home can support up to 67 people over 3 floors and 8 units. At the time of the inspection 22 people were using the service.

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

The service was not well led. People were exposed to the risk of harm because regular checks were not routinely and consistently made on the environment and equipment. Staffing levels were not adequate to provide a safe service and systems to monitor the quality of the service being provided were ineffective in identifying improvements needed to people's care.

Training was completed at induction; however, more specialist training was needed to effectively support people.

Opportunities for activities and engagement to support people's emotional well-being were limited. Improvements were required in relation to ensure people living with dementia were able to orientate themselves around the home.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Processes were in place to assess people under the principles of the Mental Capacity Act (MCA) however, we found the service was not always working in line with this.

Although we identified a number of improvements which were needed at Riseley House Care Home, relatives told us their loved ones were cared for and feedback was overall positive regarding the support given by staff. Staff treated people with respect and understood the needs of people.

Riseley House Care Home worked closely with other agencies to support the re-enablement pathway of recovery for people to move back into the community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safety of premises and enforcement action given to the home following a visit from the fire service. A decision was made for us to inspect and examine those risks and to award the service its first CQC 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.

Enforcement and recommendations

We have identified breaches in relation to safe staffing, oversight of the MCA and management of documentation, checks and actions to keep people safe. Please see the action we have told the provider to take at the end of this report.

We have also made a recommendation for the provider to review the environment to ensure it means the needs of people living with dementia.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Riseley House Care Home

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

This inspection was carried out by 1 inspector and a specialist professional advisor who was a nurse.

Service and service type

Riseley House Care Home 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. Riseley House 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 not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We also spoke with 3 visiting health professionals and observed interactions between staff and people living at Riseley House. We spoke with 11 members of staff in various roles and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 people's care records and other records relating to people's care and support. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks and safety monitoring was not always sufficiently managed. Systems were not sufficient to ensure lessons were learnt from events which occurred at the service.
- Routine servicing of moving and handling equipment was not sufficiently maintained and was out of date.
- Insufficient progress had been made against the enforcement notice which had been issued by the fire service. This had resulted in the provider needing to secure an extension to the original timeframes to become compliant.
- The emergency contingency plan was incomplete; a number of health and safety checks were either not being completed or there were gaps which demonstrated these checks were inconsistent.
- Where people showed signs of distressed behaviour, care records lacked detail about how the person would be supported. For example, a person who frequently became distressed, the care plan did not include information for staff to follow to support the person in this area.
- Incident analysis following falls were not robust. This meant we could not be certain trends were being identified and appropriate actions taken to prevent further falls occurring.
- The provider used Antecedent-Behaviour-Consequence (ABC) charts which help identify factors which can trigger or reinforce acute behavioural incidents. Records were not always reviewed by the management team to consider improvements to people's care and assess risk.

Systems were not robust enough to demonstrate people were supported safely and that risk was managed, placing people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we were provided with suitable assurance from the management team the moving and handling equipment would be serviced.

Staffing and recruitment

- Staffing levels were not always adequate to meet people's needs.
- Systems were in place to assess safe staffing numbers for the service. However, we found staffing numbers were not reflective to the care needed for people. The manager shared that recruitment had begun for additional care staff during the day.
- During one occasion the inspector intervened to find care staff due to the immediate risk of harm to a person. Care staff were busy and not present in the lounge area to monitor and provide care to people.
- There were not enough suitably skilled staff to ensure consistent health and safety checks were made and

good hygiene tasks were completed daily.

- Staff, relatives, and professionals told us staffing levels had impacted people living at the home. Comments included, "We had concerns over staffing numbers" and "It is a struggle sometimes with staffing levels, it can be quite difficult."
- Agency care staff were utilised at the home. We found no evidence of inductions completed with agency staff to ensure they had awareness of health and safety information relating to the home and understanding of the care to be provided for people.

The provider did not provide adequate staffing levels to ensure care, good hygiene and checks were completed in a safe and effective way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment processes were robust. Checks were carried out to ensure suitable staff were employed. These included checks made on agency workers.

Using medicines safely

- Systems to monitor risk and provide effective support were not robust. We found a number of gaps in daily records for when people should receive their prescribed creams and ointments.
- All other aspects of medication we found were managed safely.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Allegations of abuse were reported to other agencies.
- The provider arranged online safeguarding training which staff completed when they began their role. The manager shared that additional training could be added to the online training module to ensure that training is refreshed.
- Relatives informed us they felt their loved ones were safe living at Riseley House. Comments included, "[Person] is safe, secure and looked after" and "I can't complain, we find it ok."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the service had no restrictions on visitors. Relatives confirmed they were free to come and go as they wished.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Riseley House Care Home was not fully adapted, designed or decorated in a way which met people's needs.
- The environment was maintained and decorated. At the time of the inspection the ground floor and only one unit on the 1st floor was in use. We found the layout of the home moving from the ground floor onto and through 1st floor confusing, also with sloping floors and coded internal doors.
- Some people living in the home were living with dementia, but there was limited signage to help orientate people around the home.

We recommend the provider considers best practice guidance to review signage which would assist people living with dementia orientate themselves within the home.

- People's bedrooms were not always personalised and did not contain personal items or pictures. The manager told us people could decorate their room as they wished.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA.

- Decision making for people did not always clearly evidence that appropriate legal authorisations were in place. For example, DoLS applications discussed locked doors to prevent people leaving the building in their best interests. However, reference to locked doors internally which prevents people from freely moving around areas of the home was not evidenced.
- CCTV was located internally and externally across the building. We found the MCA process had not always been followed for people in this area. We discussed this with the manager who showed us this was an area of improvement they were in the process of addressing.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they joined the service. This was a combination of online training and shadowing experienced staff prior to supporting people independently.
- We identified gaps in more specialist training including mental health, learning disabilities and distressed behaviours.
- Staff gave mixed feedback regarding training. Comments included, "I don't feel we've had the right training" and "Training was all online, it was ok."
- We discussed our concerns and feedback from staff with the manager who took action to address training needs in these areas.

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

- The provider worked with other agencies for positive outcomes for people. Staff worked in partnership with the local hospital and health professionals to support safe discharges back into the community. Support packages were created for people with the end goal of returning home following a period of rehabilitation at Riseley House.
- Professionals spoke positively regarding partnership working with the home. We were told, "It feels like it's moving forward positively" and "Because of the assisted beds from the hospital, lot of professionals come in supporting people with staff getting them back on their feet to go out back home."
- People were supported to access appropriate healthcare services when required. Medical appointments were recorded.

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

- People's needs were assessed prior to moving into Riseley House.
- Some care plans and risk assessments were updated following a change in need. However, we found inconsistencies of information recorded for people on how best to support them. This meant we could not be assured staff were fully aware of how to provide care in all areas.
- For people residing in rehabilitation beds following discharge from local hospital. An ongoing programme managed by external health professionals was in place to support people's physical re-enablement. This included regular reviews to consider changes in care and gather feedback.

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

- People were supported to maintain a healthy balanced diet. A choice of meals and drinks were available.
- People's care plans contained eating and drinking guidelines and identified risks or support people needed. For example, if someone needed a specialist diet, such as their food prepared in a pureed or textured form.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not supported to express their views or involved in making decisions about their care. Care records did not evidence how people were supported to engage with their care planning.
- Care was not always delivered in a person-centred way. Staff provided positive interactions with people however, meaningful engagement was limited and support was task led. Staff had limited time to support people's emotional needs due to insufficient staffing numbers.
- We received mixed feedback from relatives over involvement in their loved one's care. We were told, "I wasn't aware that [Person] was having [appointments]" and "We get calls if the doctor's been or what's happening, somebody always gets in touch."

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

- People we spoke with told us they felt well cared for by staff. We were told, "Staff are very good. They do what they are supposed to." Another person shared, "I would say staff are very, very good people and they do help me."
- During the inspection, we observed people looked comfortable with the support given to them.
- Relatives spoke approvingly over the care their loved ones received. Comments included, "They're all very nice. People are pleasant" and "We have nothing to complain about, staff are very good."

Respecting and promoting people's privacy, dignity and independence

- We observed staff talking with people respectfully.
- People told us their dignity and privacy were respected. One person told us, "I get support for a bath and a shower, staff are here if I need anything."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had some basic information about their communication needs within care plans. However, guidance on how to best support people where it was identified people required additional support in this area was not in place.

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

- Care plans were not personalised. Plans lacked key information on a person's history and how they wished to receive their care.
- Daily notes were task centred and lacked personal detail. There were gaps in recordings which meant we were not assured people's emotional needs were being met.
- People were not involved in care planning. We saw no evidence people were asked how they wished to receive their care or given opportunity to provide feedback.

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 were supported to maintain relationships, however, did not always have the opportunity to follow interests and participate in activities which were socially or culturally relevant to them.
- We found the provider had no schedule of events and activities for people. We observed people sat in the lounge area or in bed disengaged, with limited offer of stimulation throughout the day.
- Relatives and visiting professionals gave mixed feedback over available social engagement and activities for people. We were told, "Doesn't seem to be a lot happening in the lounge with activities." Another shared, "They're trying to raise some funds for more activities."
- A senior manager shared that an activities fund was available for people. However, care staff seemed unaware of any available monies for activities for people.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to act on complaints or concerns. Where complaints were logged, actions were recorded to investigate and feedback.

End of life care and support

- At the time of the inspection no one was in receipt of end-of-life care and support. The manager shared training was completed with staff in this area, alongside assessment for care planning.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were inadequate. There was a provider led governance system in the service which consisted of a number of audits and routine checks. However, these had been ineffective in identifying the shortfalls highlighted by the fire service or through our inspection.
- The provider had failed to assess and monitor the quality of the service to ensure they had appropriate systems in place to meet people's needs and improve care. Staffing levels were not always sufficient; staff did not always have all the necessary training for their role. Care plans did not provide staff with sufficient information to always provide good care.
- Records were not robust to demonstrate the provider was following the principles of the Mental Capacity Act 2005 (MCA).

Systems were either not in place or robust enough to demonstrate risks to people's physical health and well-being were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection, Riseley House did not have a registered manager in post. The current manager confirmed their application of registration to the CQC had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had no systems to gain regular feedback from relatives or people who used the service. The manager shared this was an area of improvement they intended to work on.
- We received mixed feedback from staff over communication and opportunities to feedback to senior leaders. We were told, "There are no real feedback opportunities, no one really to go and speak to" and "You can't really speak to [Senior leaders]."
- The manager was able to demonstrate meetings with staff took place at Riseley House. However, we received mixed feedback from staff over the support they received in their role. Comments included, "Its challenging sometimes, I feel things don't get sorted." And "I do feel supported. [Persons] are good and I can go and speak to for support."
- People were not consistently receiving person-centred care. We observed people receiving task orientated engagement with staff with little other opportunity for other interaction.

- Daily recordings were task related and lacked information on activities or social engagement. During the inspection it was not evident how people's social and emotional needs were being met.

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 manager understood their requirements of the duty of candour. There was evidence of reporting and recording events, including events reportable to the local authority and Care Quality Commission.
- Throughout the inspection the manager and deputy manager were open and transparent to feedback given, responding to concerns or queries throughout.

Working in partnership with others

- The service worked with the local authority, community teams and external professionals to support the health and wellbeing of people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not robust enough to demonstrate people were supported safely and that risk was managed, placing people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate risks to people's physical health and well-being were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not provide adequate staffing levels to ensure care, good hygiene and checks were completed in a safe and effective way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

