

Mr & Mrs A J Bradshaw

Rydal House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rydal House provides accommodation and personal care for people with a learning disability, mental health needs and/or autism. The service can support up to eight people and at the time of our inspection seven people were living at Rydal House.

The service was bigger than most domestic style properties. It was registered for the support of up to 8 people. 7 people were using the service at the time of the inspection. This is larger than current best practice guidance detailed in Registering the Right Support. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. The provider had started to work towards meeting best practice guidance and people were encouraged to increase their independence. The staff culture was changing, and they understood the importance of supporting people when they needed it, whilst prompting people to make their own choices.

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

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

Changes had been made to improve the design and décor of the environment, however further improvements were still required.

The registered manager demonstrated a commitment to improving the service to enhance the quality of care people received. However, the provider did not have a full oversight of the service and this impacted on the registered manager's ability to continually drive improvement.

The service had started to apply and was further developing the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from the risk of abuse and harm and staff had received training to ensure they knew how to keep people safe. Medicines were managed in a safe way. Staff knew people well and supported people in line with their wishes and preferences.

Staff treated people with kindness and consideration and people were encouraged to become as independent as possible. People's privacy and dignity was upheld.

There was a complaints policy in place and people living at Rydal were given opportunities to feedback about how the home was run. Care plans were personalised, and people had their end of life wishes recorded.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2019) and there were two breaches of regulation. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Rydal 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

The inspection was carried out by one inspector and a specialist learning disability nurse advisor.

Service and service type

Rydal House 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.

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.

Notice of inspection

This inspection was carried out on 16 October 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

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 the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff files did not consistently contain information about staff recruitment. For example, some files we viewed did not have up to date photographs of staff. We brought this to the attention of the registered manager who evidenced they were in the process of updating staff files and told us they would ensure all information would be put into the files. Staff were subject to a Disclosure and Barring service check before they commenced their employment which demonstrated staff were recruited in a safe way.
- People told us they felt staff knew them well and supported them to meet their individual needs. One person said, "Staff are superb; they are always there when I need someone, and my confidence has really grown."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Rydal House. Comments we received included, "I feel so much safer here than when I lived in my own home" and "I do feel safe here." People knew who to talk to if they were concerned or worried.
- Safeguarding literature was available in easy read format, so people had information available to them if they needed it.
- Staff were trained to recognise and respond to concerns of abuse and knew how to report any concerns to the appropriate authorities to protect people from harm.

Assessing risk, safety monitoring and management

- People's risks were assessed, planned for and managed well.
- Care plans contained information to guide staff on how to support people to keep them safe in line with their needs, wishes and preferences.
- People were supported to take positive risks. For example, people who accessed the community on their own were educated about staying safe when out alone.

Using medicines safely

- Medicines were stored safely and records we checked evidenced people were supported to take their medicines on time and in a safe way.
- People who required medicine 'as needed' had protocols in place to guide staff to ensure medicines were administered as intended by the prescriber.
- Where possible, staff supported people to administer their own medicines or took steps to maximise people's independence, for example we observed one member of staff suggest a person get their own water to take their medicines.

Preventing and controlling infection

- People were supported to take responsibility to maintain cleanliness around the home. People we spoke with told us they would, with support, clean their own rooms and some of the communal areas.
- Staff worked with people who needed additional support to maintain cleanliness and hygiene. One staff member said, "We encourage [person's name] by setting small, manageable goals together."

Learning lessons when things go wrong

- Since the last inspection, the registered manager had made improvements to the systems that were in place to monitor accidents and incidents. For example, new documentation had been put in place to support the existing system.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to comply with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvement had been made at this inspection and the provider was no longer in breach of regulation 11 but further improvements were required.

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.

- Mental Capacity assessments were inconsistent in detail and did not always identify where people had been supported to make informed, specific decisions. The registered manager evidenced to us they had begun the process of completing more detailed assessments and had been seeking support from the provider.
- People told us they were asked for consent before staff supported them. One person said, "Staff always ask me what I want and listen to me, I make my own choices."
- Staff told us how they supported people to enhance their decision-making ability. A staff member told us, "We show people images and pictures to support decision making. Everyone is deemed as having capacity until we assess them as otherwise at a specific point in time."
- Where some people had been deemed to lack capacity, DoLS authorisation applications had been submitted to the local authority.

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

- Since our last inspection, changes had been made to improve the safety and the comfort of the environment for people. However, this process was still on-going and there was an improvement plan in

place with outstanding actions still to be addressed.

- Some people had their rooms refurbished and redecorated and shared with us how they were or had been supported to pick colour schemes and the décor of their own choice.
- The home was tidy, and people told us they worked together to keep their living environment clean.

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

- People had their needs assessed and planned for in line with best practice guidelines.
- Assessments were personalised to the individual. For example, care plans contained information about people's specific health conditions and gave details about how such conditions were best managed.
- People told us they had care plans in place and were active in compiling and reviewing the information. One person said, "I go through my care plan with [registered manager's name] and other staff. I also have reviews with my social worker." Another person told us, "My care plan is kept in the office and it contains all the information about me. If I want to look at it, I just ask the staff."

Staff support: induction, training, skills and experience

- Staff completed an induction at the beginning of their employment and on-going training was provided to enable staff to support people in the most appropriate and effective way.
- The registered manager kept a training matrix to ensure staff training was relevant and up-to-date.
- Staff had regular supervisions with the registered manager or the deputy manager to discuss their progress and development. A staff member said, "I have supervisions around every three months. We discuss training; what I have completed and learned and what forthcoming training I may benefit from. It is a confidential discussion about my goals and development."

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

- People independently accessed the kitchen area within the home as they wished. People were seen to be supervised whilst making their own meals such as breakfast.
- People told us they discussed meals each day, so they knew what was available and who would be responsible for preparing meals. One person said, "We all decide together; I help to prepare the meals and I go food shopping." Another person told us, "We need help to use the hob or the oven but we all prepare the vegetables and help out with making the meals."
- We observed people eating their meals at the dining table discussing what had been prepared and by whom. Mealtimes were seen to be a sociable and positive experience for people.
- People were supported by staff to ensure meals were nutritional. One relative we spoke with told us how staff had supported their relative to lose weight successfully.

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

- The service worked with a range of other professionals such as psychologists and social workers to ensure people received consistent care. Records we viewed evidenced where professionals had visited people and where advice was sought, given and actioned.
- People had access to healthcare as required. On the day of our inspection, we observed one person being supported to attend a medical appointment.
- People had received, where appropriate, advice on sexual health and the importance of maintaining positive and healthy relationships.

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 now remained the same. 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

- Comments we received from people about the care and support they received whilst living at Rydal House included, "The staff are great, I love them all", "This is the longest I have ever stayed somewhere other than home; my keyworker is really good and they keep me going" and "The staff are all so nice, they are kind and I am happy."
- Relatives we spoke with shared the same opinions as their relatives and told us, "The care is very, very good; they [staff] all really do care", "It is a very family orientated place; I know they love [relatives name]. I hear them talking so lovely to them" and "Yes, [relative's name] is very happy. They always want to go back to Rydal house after being at my home so that is a very good sign." This demonstrated people received kind and compassionate care.
- The registered manager considered people's protected characteristics under the Equality Act 2010 such as race, religion and sexuality. Some people living at Rydal were supported by staff and family to access places of worship based on the religious preferences.

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

- People were encouraged to be involved in the planning of their care and had access to information in various formats such as pictorial to support their decision-making process. One staff member said, "We sit with people to go through care plans. We have some people who cannot read so I read things out loud and explain what I am saying, checking understanding and continuing to check people are happy."
- People told us they had 'family meetings' where they discussed important household issues and decisions. One person said, "We have meetings which we call 'family meetings' at the start of each month. We discuss things like what we want to do for activities or if we have any ideas or complaints. They are helpful because we all take part."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff promoted the importance of privacy and dignity and this was shared amongst the people living at Rydal House. One person said, "I respect other people's privacy and they and the staff respect mine." Another person told us, "Staff respect my privacy and knock on my door."
- Staff told us they encouraged independence and supported people to help themselves. A relative we spoke with said, "They [staff] do support [relative's name] to be independent whilst staying safe." This supported what people and staff told us.
- We observed people being encouraged to be as independent as possible. For example, one person said they were hungry and would like a snack. The person was encouraged to look in the refrigerator to find a

suitable, healthy snack. Another person was seen to be making hot drinks for people and visitors.

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 the same. 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 received care that was person centred and developed with people in line with preferences, needs and wants. People had a 'This is Me' document in their care records that outlined what was important to the person, their likes and dislikes.
- People told us they believed staff knew their needs well. One person said, "Of course they know me well, I always tell them about me." Another person said, "Staff talk to me and they listen."
- Relatives told us they also felt staff knew their relatives well. A relative told us, "Staff certainly know [relative's name] well. For instance, they will not tell anyone if they feel unwell, but staff always just seem to read them so well and just know. Choice and personalisation are always there" This meant that staff could deliver care that was personalised to the individual.

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.

- The registered manager told us they supported people to ensure information was accessible and understandable. They told us, "We write information down for people if they need it; we have pictorial cards, so people can have a greater understanding. We have people who have experience a visual and a hearing loss and they have aids to communicate more effectively but these are managed by the person independently."

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

- The service supported people to access paid and voluntary work and people told us about these experiences and how they enjoyed them.
- The people living at Rydal House told us they enjoyed group activities and sharing experiences together. We observed everyone preparing to attend a community club on the evening of the day of our inspection and people were excited and keen to attend, discussing transport arrangements between themselves.
- Where people had chosen to do individual activities, these were available to people. The registered manager told us a small group of people had discussed attending new activities such as swimming and preparation was underway to make this a possibility for people. The registered manager told us they were in the process of improving the way activities were recorded for people, so these were easier to review and evaluate making a more positive and meaningful experience for people.

- Relatives told us they visited the home regularly and were able to do so at their convenience and leisure.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and people, relatives and staff were encouraged to make complaints as necessary.
- At the time of the inspection, the service had not received any formal complaints. The registered manager discussed with us how they would respond in line with the policy in the event of receiving a formal complaint.

End of life care and support

- There was no one in receipt of end of life care at the time of our inspection.
- Some records we viewed evidenced people had been engaged in discussion about their end of life wishes. The registered manager told us some people had plans in place for when they reached the end of their life, but these were kept with families and this was recorded in people's care plans.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection systems were not always effective at identifying areas for improvement and prompt action was not always taken when issues had been identified. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but further improvements were required.

- At the time of the inspection the provider company still consisted of a partner that had been named in a substantiated safeguarding against a person who used one of the provider's other services.
- Following the concerns raised after our inspection on 06 November 2018 actions were taken by the registered partnership to ensure this partner was no longer involved in the carrying on of the regulated activity.
- However, at the time of this inspection the new business entity and registration of the new company had not been finalised and the partner remained as part of the provider's company registered with us.

This above evidence demonstrates that the provider was not meeting the requirements of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear about the need to understand and improve quality for people. However, the registered manager had not been provided with consistent support from the provider and was still in the process of trying to improve systems.
- There was a lack of oversight of the service at a provider level and this was reflected in the registered manager's ability to drive improvement, particularly around Mental Capacity as already highlighted in this report. The quality of such assessments was not effectively measured through an audit process and therefore shortfalls were not addressed in a timely way.
- The provider's action plan, and our observations evidenced some actions had been resolved but there were still a number of points to address.
- The registered manager did not receive regular and consistent formal supervisions from the provider. This meant the registered manager could not always be assured they were fulfilling their role effectively and efficiently.
- Other audits were being completed to assess the quality and safety of the service. For example,

medication and environmental audits.

- The registered manager used best practice initiatives to keep abreast with changes within the health and social care sector and had gained further qualifications to enhance and develop their role as registered manager. They told us, "I have just finished my diploma in management and leadership. I use the Care Quality Commission (CQC) website and do research to develop my knowledge. We have had registered managers meetings in the past with the managers from the provider's other services. The deputy manager and I work closely together and share ideas and we have previously attended CQC and local authority registered manager forums."

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

- There was an inclusive and friendly culture at Rydal House where people saw their fellow housemates as family. This was enhanced by staff who evidently had a bond with people telling us, "We have become family."
- The registered manager told us, "I enjoy working here and I know I can run the home well. I love working with the people who live here, and I love to see them happy. Everyone has a good relationship with staff and people and we all work well as a good team."
- People, relatives and staff all spoke highly of the registered manager. We received comments that included, "The registered manager is brilliant; they are very straightforward but fair", "[Registered manager's name] is very approachable" and "I like [registered manager's name] very much. There were some things that needed to get better and the registered manager is getting up to speed with those things now."

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 understood their responsibilities in meeting the duty of candour, telling us, "I am accountable for everything that happens in this home. We take things seriously and will go through the processes of reporting incidents and taking actions to stop the same things happening again."

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

- People and staff were encouraged to feedback about the running of the service through resident or family meetings. Staff told us they had team meetings as required, however they used a handover process on a daily basis to discuss changes within the service as well as updates about people. A staff member said, "We are a small home so we all see each other all of the time so we always keep up-to-date with what is going on."
- A relative told us they had received questionnaires to complete about the service but said, "I am there every week, so I know everything that goes on. The registered manager told us, "We send out surveys and questionnaires, but relatives do not always complete these as they see us many times in a week and we have constant dialogue with family." This supported what relatives told us.

Working in partnership with others

- The service worked well with other organisations and agencies to enhance the quality of care people received.
- The registered manager and staff had developed good community links which improved people's quality of life. For example, people accessed the local shops and had developed relationships with business owners. This strengthened relationships for people and was seen as another mechanism of keeping people safe in the community. The registered manager said, "People use the local food shops and go to the pubs. We speak to people to educate them and keep people safe and we have good communication links with the

community."

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 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership</p> <p>The current partnership does not fully meet the requirements of a fit person to carry out the regulated activities.</p>