Ryding Care Services Limited

The Court

Inspection report

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Hoylake
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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

This inspection took place on 3 October 2017 and was unannounced.

The Court 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.

This inspection was the first for this newly named service with its new provider. The home required and had, a registered manager. 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.

The registered manager (who was also the new provider) of this service had been the manager of the previous service and many of the staff still worked for the home. This meant they had been able to provide continuity of care for the people who lived in the home.

The Court is a large detached period house situated in a quiet suburban area in Hoylake. It is close to local shops and near to local public transport. It provides residential accommodation for up to 17 people with personal care needs and at the time of our inspection, there were 17 people living there. The home had further accommodation which they were hoping to make into an additional bedroom and had applied to CQC to increase the numbers they could accommodate.

The home has 12 large single bedrooms and three double bedrooms, most with en-suite facilities. It is arranged over three floors with passenger lift access. The home has been re-furbished by the new provider and the accommodation is light, clean and has a homely feel to it. Most people had personalised their own rooms and these had been decorated to their choice.

The provider had employed additional staff. The home was clean and tidy with no unpleasant odours. The buildings maintenance was done by a team of tradespeople which the provider had immediate access to if urgent work was needed.

The required safety checks for services such as gas and electrical installations and the lift and fire equipment had all been carried out in a timely manner. However; some improvements suggested had been not been recorded as being completed, although most had been done. The kitchen had a food hygiene rating of five, which is the highest attainable and a variety of food was prepared and served according to people's needs and preferences.

Staff said they were well supported and trained. We noted that records to show that safe recruitment practices had been followed were incomplete, but we were assured that the previous provider's

administrator had the evidence that they had. They provided this in a later email. Medication was generally correctly stored and administered and staff were trained to administer medication.

Staff were supervised on a regular basis and their yearly appraisal had been scheduled for October 2017.

The provider followed the Mental Capacity Act and its associated deprivation of liberties safeguards (DoLS). There were eight people living at The Court who were the subject of a DoLS.

Care plans were completed and regularly reviewed. They were, in general, person centred and contained risk assessments which had identified any risks to people's safety and well-being.

People were able to participate in a wide variety of activities and their cultural and religious needs and preferences were respected and enabled.

The management of the home had made changes to the way some aspects of the service had been run under the previous provider. There were still some improvements to make but there was a good rapport and understanding between staff and the managers. People living in the home and their visitors and relatives, told us they appreciated the improvements.

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.

Medication was safely recorded, stored and administered.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff knew who to tell about a safeguarding concern.

The home was clean, comfortable and well maintained.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

All the people we spoke with said they enjoyed their meals and had plenty to eat. The menu was varied and alternative food choices were always available

The home was decorated to meet the needs and preferences of the people living there.

Is the service caring?

Good

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

The people we spoke with praised the staff. They said staff were very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reviewed regularly and provided sufficient guidance to enable staff to support people.

The complaints procedure at the home was available. People told us that staff listened to any concerns they raised, these had been followed up and information fed back to the person.

The provider worked with external professionals to make sure they responded appropriately to people's changing needs.

Is the service well-led?

Good

The service was well-led.

The registered manager/provider was open and transparent. People and staff confirmed this.

There were systems in place to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and deputy manager.

The Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2017 and was unannounced. It was carried out as an initial inspection after the service was first registered. It was conducted by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed and returned to us, 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.

We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We noted the information the service had sent to us as statutory notifications. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We toured the home, observed the general interactions between staff and the people living in the home. We spoke with four people at length who lived in the home, plus chatted to several others over lunch and throughout our visit. We spoke with a relative, with the registered manager, the activities coordinator, a senior carer and two other staff members.

We used the short observational framework for inspection (SOFI) during lunch time. SOFI is a tool developed between the School of Dementia Studies at the University of Bradford and CQC and is used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We looked at five individual care records, thee staff recruitment files, training records and other information

recorded about the running of the home.

Good

Is the service safe?

Our findings

People told us they felt 'very safe' at The Court. "They know what's going on and I trust them", one person who lived in the home, told us about the staff.
Another said, "[If I felt unsafe] I'd go to management. [Name] is very thorough and would sort things out".None of the people living in The Court told us they had any concerns regarding safety. One said, "Staff look after me. They are lovely".

When we asked the relative we spoke with if they were satisfied there are enough staff to safely care for their relative, they told us, "We are all very satisfied. They [staff] keep you informed and telephone you to update you. [Name] had to go into hospital and the staff were marvellous before and after".
We looked at staff rotas for previous and upcoming weeks and talked to staff and to people using the service about the staffing levels at The Court. We saw that there appeared to be sufficient staff to meet the needs of the people living in The Court. This was confirmed by our observations that people's needs were able to be met in a timely manner. All the people we spoke with were generally happy with the amount of staff that were on duty at any time. One person said, "Yes, there seem to be enough, they are in and out if I need anything" and another told us, "If they were short, next door [the provider's sister home] would come and help out". A third person said, "If I do have to wait for anything they'll always say 'We haven't forgotten you".

We saw that there was a call bell system in place which was found to be safe. One person told us, "In rooms there are bells or an alarm system. I fell out of bed once and three staff came running, luckily I didn't break anything". Another person said, "I can move about myself. I've only had to pull the call bell once and someone came, there is always someone around".

We saw that the home had employed a training manager, an activities coordinator, an additional cook, a cleaner and additional care staff.
We looked at three staff recruitment records and found that they recorded that the required checks had been done to ensure staff were recruited safely, such as criminal record checks (also known as CRB or DBS checks) and the provision of two references. There was minimal evidence for such things as checks on the right to work in UK, staff addresses and their photographs, in the files. The evidence of these checks was held by the previous provider (who was still currently registered with us), who later confirmed that they had been done. We had also seen on previous inspections of the home under the previous provider, that this evidence was in fact, present at their main office. We discussed with the current provider, the best practice of ensuring the checks were supported by documented evidence and the appropriate risk assessments and they told us they would ensure this became their policy.

The whistleblowing policy was available via the staff handbook and staff told us they knew that they could report any concerns to external organisations. There were suitable employment policies in place for things such as grievance or disciplinary procedures.

A medication policy was in place and only staff who had been trained in medication administration were allowed to support people to take their medicines. There were checks completed on the temperatures of

the medication room and the medication fridge and they were within the required range recommended. Regular daily and weekly audits on medication records and stocks were undertaken and showed no errors in recent months.

We saw that the medicines trolley was locked and secured in a key-pad protected room which was also the office for the home. There were no controlled drugs necessary for any of the people living in The Court. We checked a random sample of four people's medication administration records (MAR) and their stored medication. We found that the MAR charts were accurate compared to the stored medication and that the running totals kept on another record also tallied with what was stored. PRN drugs (as and when needed) were monitored and records kept of their administration. We observed part of a medication round and saw that the staff member in charge of the administration of medication and the trolley, wore a red, 'do not disturb' tabard' during this process.

We did note, however, that the temperatures of the room and the medication fridges were taken in the morning. The room faced south, so the un-shaded window would allow the temperatures to rise on sunny days. This meant that on hot days, the temperatures would exceed the maximum of 25C required for most medication storage and that the fridge would struggle to keep the temperature below the eight degrees for refrigerated medication. The provider acknowledged this, telling us that blinds for the window were on order, that the temperatures would, in future, be taken at more appropriate times of the day and they would install temperature controlling equipment.

There had been a recent bacterial test for Legionella which had found no issues. Legionella is water borne bacterium which flourishes at certain temperatures, in water systems such as air conditioning or hot and cold water systems. However, we did not see that regular temperature checks of the hot and cold water outlets had been conducted as recommended as best practice. The provider told us they would investigate this and in a later email said that the training manager had previously arranged that the domestic staff conducted these and records were kept on their trollies.

New window restrictors were fitted to all windows. All these were seen to be in good order. We were told that they were visually checked as part of the weekly room checks. However, there was no specific record of these checks and the provider immediately agreed to change the weekly maintenance check form in order to evidence that these checks had been done. The changes have been confirmed in an email to us, by the provider.

Risk assessments had been completed for such things as falls, bathing, diet and hydration and emergency evacuation, known as PEEPS (personal emergency evacuation plans). The PEEPS were held centrally in the downstairs office, for ease of access for any emergency services.

The laundry was well equipped and the provider used the 'red bag system' for infected or foul linen. This linen was kept safe whilst waiting to be washed, in a special red sealed bag which was then was placed in the washing machine. The bags dissolve by external wetting, during the wash. The provider told us that it was rare for linen to be heavily soiled and that invariably, if it was bedding, it was removed from use and disposed of as clinical waste.

The kitchen was large, clean and well-ordered and had had a recent 'five-star' rating from the local authority's environmental food hygiene inspection. This was the highest rating awarded. We saw that there were records of daily temperature checks of the fridges, freezer and hot foods and that there was a suitable cleaning and kitchen checking schedule. Foods were stored appropriately and used in a timely manner. However, we saw that some storage cupboards outside the kitchen and in communal areas, were left

unlocked. There was also a hole in the main door to the kitchen and the seal therefore was broken, which meant that hygiene and fire safety might be compromised.

We saw that all of the areas were clean and tidy. People told us they felt positive about the hygiene in the home. A cleaner was on duty at the start of our inspection. There were sufficient soap dispensers, towels and bins in the corridors or toilets for everyone in the building to have the opportunity to clean and disinfect their hands appropriately. We noted that staff wore personal protective clothing (PPE) (disposable aprons and gloves) whilst delivering personal care or serving food to the people living in the home. These were disposed of in the correct manner and fresh PPE used for each person's support intervention or otherwise, when necessary.

Good

Is the service effective?

Our findings

One person told us, "Everything seems to work very well. Everyone seems to know what they are doing".

Newly employed staff were paired with an experienced worker and they received an induction during the first weeks of their employment. The induction included the aims and philosophy of the service, employment rights and basic training, such as safeguarding vulnerable adults, health and safety and moving and handling. Staff had a probation period of 12 weeks which could be extended if necessary. Within the 12 weeks of their probation period, they were enrolled onto the Care Certificate. This was a training programme accredited by Skills for Care often used as induction training.

We saw the staff training matrix which was regularly updated. It showed that staff received various other training once they had achieved the Care Certificate, such as training in medication administration, falls, dementia awareness and infection control. Staff were able to complete the health and social care (previously known as NVQ or national vocational qualifications) training and several had achieved level 3. The provider told us that some, usually basic training, was provided through e-learning via the internet, but that most of the training was provided face to face by a training organisation. We saw that staff had received regular supervision and that an annual appraisal programme had been scheduled for November 2017.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. A person can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met. We found that they were and that currently eight people living in the home were the subject of a DoLS authorisation.
Staff had received training some time ago when they had worked for the previous provider and the service had scheduled Mental Capacity Act and DoLS e-learning training for all its staff which was to be completed by the end of November 2017. This would either be training for newer staff or refresher training for the 'longer service' staff. This would be followed up by face to face training with the training organisation the provider used.

The people had who did not have a DoLS authorisation restricting their movements, had free access in and out of the home and were able to have locks on their own bedroom doors if they chose, although no one had asked for this at the time of our inspection. They were able to have visitors throughout the day and were able to go out wherever they chose to. People also told us they were always asked for their consent before any staff intervention and that they could choose how they spent their day.

Menus were rotated four weekly, with choice being available throughout the day. People were consulted about their food needs and preferences and alterations were made if people chose something different to the advertised main meal. The home supported people with special diets including soft diets and nutritional supplements. The cook told us they could cater for people's specialist dietary requirements. There was fresh fruit available and there was always a choice of desert and breakfast and tea time options and we saw that plenty of fluids were offered throughout the day.

We joined people for lunch and sampled the food which we found, was tasty and hot. There was water or juice to drink and staff encouraged the diners to refill their glasses and asked them if they wanted any more food. We observed that staff were pleasant, helpful and chatty with the people at the tables and the people appeared to expect this as 'the norm'. There was conversation between people whist music played in the background. People told us they enjoyed the food. One person said, "It's really quite good. We haven't had a bad meal".

People's food and fluid intake was monitored daily where necessary and their weights were recorded at least monthly and sometimes more frequently, in line with their care plan. People had access to dieticians and other professionals to support them with their nutritional needs. There was a water dispenser on the ground floor of the building where the communal areas were. Some people had tea or coffee making facilities in their own rooms and others preferred to ask staff for a drink when they wanted one.

The premises were built about 100 years ago and was listed as a 'grade 2' building. There was a lift to all of the floors. Rooms were identified with numbers and names. The bedrooms were large and airy rooms and had their own en-suites and sitting areas. They had been personalised by the people who lived in them, with preferred colour and additional items such as personal furniture, mementoes, bedding and ornaments. There were communal toilets and bathrooms available in the building.

The home was undergoing redecoration and refurbishment. This was being done, in consultation with the people who lived there and their relatives. We noted a lot of improvements to people's rooms and to the communal areas and facilities and most areas had been completed. The home had been mainly brought up to date given the limitations relating to its layout and its grade 2 listing. The garden was flat and accessible and adjoined the provider's other home next door but was independently fenced.

Good

Is the service caring?

Our findings

One person told us, "All staff are very friendly… there is no bickering. They help everybody and really look after you".

We observed that all the staff on duty knew the people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. All the people who lived in The Court seemed relaxed and comfortable and we observed positive interactions between staff and the people.

We saw that staff treated people kindly and always had time to assist them if necessary. We observed staff members engaging with people and involving them in conversations. We also saw staff addressing people in the manner they preferred. A second person told us, "They try very hard to make everyone happy".

We noted that staff were very patient and supportive to the people who lived in the home. We saw that the entries that they had made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about the person's welfare.

We heard that when members of staff were talking with people who required care and support, that they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells or other calls for help, in an organised way and in a timely manner. One person told us, "Sometimes I need help because my legs are bad. I'd call out and they'd come; might be a few moments, but they'd come".

We saw that the people living in The Court were supported when necessary, to make choices and decisions about their care and treatment. Every person who lived in the home was treated with respect and all received the attention, care and support they needed in line with their individual care plan. Staff respected and supported people's choices and preferences.

People told us they could choose how to spend their day. One said, "Yes, I decide when I get up, usually about 8am and what I'm going to wear. I get it ready the night before" and another person told us that they were asked what they wanted to do in the afternoon.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges on both floors as they chose. People who lived in The Court were able, if they chose, to have locks fitted to their rooms and to hold their own keys to their 'front doors'. Their personal information along with the staff's personal information, were kept in locked cabinets in the office and the office door was able to be locked when staff were not present.

We observed that staff assisted residents when they needed to move from one room or area of the home, to another. Care was given kindly and promptly and staff interaction with service users indicated familiar and

mutually respectful relationships.

At the time of our inspection, there was one person on 'end of life' care. The provider told us that all the recommendations of the six steps programme, were being followed.

Good

Is the service responsive?

Our findings

The care plans we saw were informative and person centred. Most of the information was kept on a computer system and staff had access to the information on a 'need to know' basis. Information was easy to find; this was especially important for new staff members or agency staff, if used. However, the home used staff from its sister home, if it became necessary and these staff were familiar with the needs of the people living in The Court.

We saw that the information in the care plans and associated documentation, such as risk assessments, was reviewed and updated as necessary or at regular intervals of each month.

We observed that staff knew the people in the home and supported them appropriately and treated them as individuals with specific needs.

There was a key worker system; this meant that one particular staff member was especially responsible for any one person and that they paid particular attention to their support and care needs. Care plans detailed information about the person's daily needs, their risk assessments and medication needs and any important contacts, such as family, friend or professionals such as their GP or named nurse.

One person told us, "I like watching comedy films on the TV. In the afternoon I'd like to watch more. Sometimes we have evenings together and I like that. I join in activities and like the Bingo".

A range of activities, such as armchair exercises, bingo and other games and group tips out, was provided by an activities coordinator, who was also contracted to work at the providers other home which was adjacent to The Court. This staff member often took individual people from both homes, out to appointments or to other activities which met their needs, such as going to church or to a healthcare appointment. One person said, "I go to my own dentist, the staff took me there".

The provider told us they were actively looking for a resource to meet one person's special interests. After the inspection visit, they told us the activity had been sourced and that that person was now pursuing their individual activity.

However, this sometimes meant that the planned activities for any day might not take place, due to this sort of engagement. We discussed this with the provider who told us the issue would be looked into and that every effort would be made to ensure that planned activities would take place.

People were enabled to see health care professional if and when they needed them or wanted them. One person told us, "The GP has been to see me fairly recently so I know they'd get her". Another said, "I've never had to see a doctor or nurse but I'm sure they would call them in". A third person said, "I did see a Dentist a while ago and had fillings. I've also seen a chiropodist. The staff here are good and do my nails (hand)".

Good

Is the service well-led?

Our findings

A relative told us, "No we have no concerns. The staff are great… marvellous. Nothing is too much trouble. We are very happy we found this place".

The registered manager, who was also the provider and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We talked with the provider and they told us how committed they were to providing a quality service. We observed that there was a relaxed and homely feel at the home and that the people living there appeared content and happy.

The leadership was visible and it was obvious that the registered manager knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the manager which was respectful and positive.

Staff told us that the provider was open and transparent and we saw that there were good relationships between them. One said, "[Name] is very thorough" and another said, "If I was worried I'd speak to the one in charge…don't know their name but you can speak to them all".

This was the first inspection of this service since it had been taken over by the new provider. Many of the systems the previous provider, had had taken some time to be replaced with the new systems implemented by the new provider. The home was now running the way the new provider wanted, although a little more improvement to the quality assurance systems and auditing processes were needed, such as having available water temperature checks and managing the activities programme better. Other aspects of the homes' quality assurance audits had been completed, such as care plans, medication, health and safety and infection control.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

It was taking a little longer than planned for all the staffs' training to be brought up to date, although most of the staff were experienced carers and had received training with the previous provider.

One staff member told us that the registered manager was very supportive with their quest to achieve a higher health and social care qualification and that they had been promoted in line with their training. They aspired to become a manager themselves and the provider had been very helpful and encouraging with their studies. They had their own responsibilities and they were open and transparent. The service had also

employed a part time training manager who was responsible for training and several other aspects of running the home.

The provider told us, "There's been a lot to do to get it the way I want it and there are a few things I want to get in place yet, but we are getting there". They told us they felt proud of their service and that the staff had been very co-operative in implementing the changes they were making. They said, "It's a work in progress".