

Advinia Care Homes Limited

Ryland View Care Home

Inspection report

Arnhem Way
Tipton
West Midlands
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ryland View is a residential care home providing personal and nursing care and accommodation for up to 144 people across five separate units, each of which have separate adapted facilities.

Manby unit provides short-term step-down support for people, Palethorpe unit is specifically, for younger adults with physical disabilities, Heronville unit alongside Bloomfield unit provides Dementia care and Haines Unit is for people who require general nursing care. At the time of the inspection the service was supporting 127 people across the five units.

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

There was not always enough staff to meet the needs of people in a timely manner. Staff met people's core needs, but support was task focused and staff did not appear to have any other quality time with people. People received their medicines when they needed them. Systems were in place to protect people from the risk of abuse. Overall, we were assured measures were in place to prevent the spread of infection. Action was taken following our inspection to address any equipment which presented an infection control risk to people.

A manager who is registered with CQC was not in place at the time of the inspection. There has been changes to the management of the service and a new manager has now commenced in this role. Staff morale was reported to be low. The provider was seeking feedback from staff, people and relatives and had actions plans in place in order to move the service forward and to make improvements.

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

Rating at last inspection. The last rating for this service was Good (published 03 September 2018).

Why we inspected

We received concerns in relation to staffing levels, poor quality care, infection control, and record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ryland View on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to the lack of staffing provided to people. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ryland View 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 Care Act 2014.

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

The inspection was undertaken by three inspectors, two assistant inspectors and a specialist advisor. The specialist advisor was a nursing professional.

Service and service type

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 June and ended on 12 July 2021. We visited the service on 24 and 29 June 2021.

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 who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 20 people who used the service and eight relatives about their experience of the care provided. We also spoke with 19 staff (which include care staff, nurses and unit managers), two activities co-ordinators, two domestic staff, housekeeper, maintenance person, deputy manager, area manager and a visiting healthcare professional.

We reviewed a range of documents and records including the care records for 18 people, 19 medicine records, and three staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We reviewed various records such as care plans and quality assurance records. We had telephone discussions with the manager to discuss these records and the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- Feedback from people, relatives, staff and our observations supported there was insufficient staff to meet people's holistic needs.
- Comments from people we spoke with included, "The staff do their best, but they are always rushing, and I have to wait sometimes for support. Another person said, "The staff are overworked we have very little time with them, because they have so much to do. It is not their fault; they just need more staff."
- A relative told us, "I visit regularly and [name] often tells me how the staff are rushing and how they have to wait to be supported to go to the toilet to the point where they nearly have an accident."
- Comments from staff we spoke with included, "I don't feel we are delivering the care we should be. We aren't meeting people's needs." Another staff member said, "Sometimes the staffing levels are unsafe, we cannot do all the tasks expected of us."
- We observed on one unit the staff did not finish administering medication to people until noon. This impacted on the timing of the medication administered to people for the rest of that day. On two units some people did not receive personal care until the afternoon. This meant some people did not have a wash and get dressed until after their lunch time meal.
- We had to intervene when a person on one unit repeatedly stood up as they were at risk of falls due to staff not being available to support this person. When staff were available the person was consistently asked to sit back down.
- We saw staff were not always available to support people when they were distressed in the communal area. This impacted on other people in the communal area.
- We observed staff were busy and mainly task focused during our inspection visits meeting people's core care needs. This meant there were limited opportunities for staff to engage with people.
- A dependency tool was in place, which was used to determine the staffing levels, however feedback and our observations indicated there was insufficient staff on duty.

Sufficient numbers of suitably qualified, competent skilled and experienced staff were not deployed to meet people's holistic needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the manager advised us they would be reviewing the deployment of staff on each unit and undertake observations to review the staffing levels.
- We reviewed the recruitment files for three staff members. These demonstrated all the required recruitment checks had been completed before the staff members commenced working in the service. This

included a Disclosure and Barring check (DBS), which ensured potential staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- We reviewed the fire risk assessment which contained actions to address recommendations that had been made. We found timely action had not been undertaken to address one of these actions which had the potential to impact on the way staff would have to evacuate people in the event of a fire. The provider had taken steps to minimise the fire safety risks to people until such time as the work was completed. Following our inspection, we received confirmation the work would commence in the next two months.
- Although risk assessments were in place, we found for some people these lacked detail to provide staff with clear direction and information. For example, one risk assessment stated for staff to clean and change a person's catheter as needed and change the catheter bag regularly, but no other information such as the timescale for when these tasks must be completed was provided. Another risk assessment stated for staff to provide support to a person with their specific nursing needs, but the type of support was not included. We found the lack of information did not impact on the care provided as staff we spoke with had the knowledge about people's needs. However, if people were supported by new or agency staff, they would not have clear information to refer to about people's needs.
- The manager and area regional support manager told us they had identified these issues and an action plan was in place to address the gaps in records.
- People told us staff knew how to support them safely. One person said, "The staff know me well and they know I am unsteady on my feet, so they walk with me."
- Discussions with staff demonstrated their knowledge of people's needs including any risks they needed to be aware of.

Using medicines safely

- People on four of the five units told us they received their medicines when they needed them. One person said, "I get my tablets when I need them sometimes the staff are late, but I get them."
- We reviewed the medicines and the controlled drugs for people across all units. The electronic records confirmed medicines had been administered to people as prescribed. We found discrepancies for two people when we counted the balances of medicines in stock. We were provided with a rationale for this whereby the stock had been returned but the electronic records had not been updated. We also found a small number of boxed medicines such as eye drops which had not been dated when opening. This information was shared with management team and action taken to address these.
- Where people were prescribed medicines 'as required' the reason for the administration was recorded.
- Nurses and nursing assistants told us they had received training to administer medicines which included an assessment of their competency to do this safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

In response to the above we have signposted the provider to resources to develop their approach.

- We observed on three of the units equipment and furniture where the integrity had been compromised as they were worn and ripped. This presented an infection contamination risk. This was raised with the manager who took action to remove these items and made arrangements for replacements.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff. One person said, "Yes I feel safe the staff are very kind and helpful."
- Relatives told us they had no concerns about the safety of their loved ones. One relative told us, "I have no concerns but if I saw a bruise or anything, I would raise this and expect an explanation."
- Staff we spoke with confirmed they had received training in relation to safeguarding people from abuse and knew the procedures to follow. One staff member told us, "I would always raise any concerns to the unit manager or nurse and then if needed to the CQC or local authority."

Learning lessons when things go wrong

- We reviewed the systems in place to monitor incidents and accidents in the home. These were analysed on a monthly basis and action recorded where needed, of how risks to people were to be mitigated. Improvements had been made since our last inspection and the records showed incidents were analysed for patterns and trends.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- A registered manager was not in place at the time of our inspection. There has been a period of instability with the management of the service. A new manager had commenced employment the week of our inspection and had started her induction into the service.
- Systems were in place to maintain oversight of the service. Audits were completed by the management team and the regional support manager. These covered a variety of areas including care plans, medicines, environment and infection control management. Some of these audits did not reflect actions that had been taken to address the shortfalls found. For example, although audits had identified some of the equipment had been compromised it was not clear what action had been taken in response to this and the delay in removing and placing certain items.
- Audits of support plans had identified improvements were needed to peoples care records and unit managers were addressing the gaps in monitoring charts to ensure these were being completed accurately.
- Staff understood their roles and responsibilities. One staff member told us, "I used to love coming to work and I know what my role involves, I just wish I had the time to give people the care they deserve."
- The provider was aware of their legal responsibilities to report any notifiable incidents promptly to CQC.

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

- Feedback from staff indicated staff morale was low. Some staff told us they did not feel valued or listened to. Staff told us they had raised concerns previously with the previous management team about the staffing levels but had either not received a response or had been told there was enough staff. One staff member said, "I sometimes go home crying as I want to give people the best care but don't feel able to at the moment." Another staff member said, "We have supervisions, but these are not always planned, and we don't have time to prepare about what we want to say. They can sometimes be used as a threat if we have done something wrong. I am not asked how I am or about my role."
- We discussed the above feedback and was provided with assurances by the current management team that action was now being taken to support staff. Part of these actions included seeking independent and confidential feedback from staff via a survey that all staff had been asked to complete. The new regional support manager and regional director advised us they would also be seeking feedback from staff and

people during their visits to the service as part of the ongoing monitoring of the service and to improve the culture within the service.

- People and their relatives had previously been given an opportunity to complete a feedback questionnaire, but the response rate was low. The new manager advised us she would be reviewing the form and then sending these out again.
- Staff meetings on each unit have been reconvened in order for information to be shared and to give staff an opportunity to share feedback if they felt able to.
- There were two activities staff working across all five units due to vacancies. Although we saw these staff engaged some people with meaningful activities their time on the units was reduced. People that were able to, occupied their own time by reading, knitting, and watching television or listening to music. We observed people who lived with dementia sitting with no meaningful engagement or objects to occupy their minds such as therapy dolls, rummage boxes etc. The provision of activities had been identified in an audit, however this requested for care staff to facilitate activities when they had time. From our observations there was insufficient staff to enable this to consistently happen.
- People we spoke with knew who the manager was on their unit. People had yet to meet the new manager responsible for all the units, but some people were aware a new manager has started.
- Relatives told us staff had kept them informed about people's well-being and supported them to maintain contact with their loved ones during the Covid-19 pandemic. One relative said, "It has been such a tough time, for everyone. It has been hard not being able to see [person] but the staff have tried their best to arrange calls and window visits so that we can see and speak to [person] and be involved as much as possible. They [staff] have kept us up to date with how [person] has been as well which we are grateful for. The staff do such a good job."

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 her responsibilities in relation to the duty of candour regulation. Where incidents had occurred, the management team had informed the appropriate external professionals and people's loved ones.

Continuous learning and improving care

- We saw there was action plans in place following the provider audits that were completed on a monthly basis to address any shortfalls identified.
- The new manager was receptive to our feedback and keen to move the service forward. They were already developing their own action plan around the areas they felt required improving.
- Feedback from unit managers and staff demonstrated any learning was shared with them as needed during handovers and in meetings. For example, following incidents or audits that had been completed.

Working in partnership with others

- The manager told us they worked in partnership with many agencies to ensure people's healthcare needs continued to be met. This included the community matron, hospital avoidance team, palliative care team and district nurses.
- A visiting healthcare professional told us, "Staff follow any recommendations shared and people's condition generally improves in response to the partnership working and intervention."
- The management team has worked with all partner agencies. This included the local Public Health England office to ensure feedback and recommendations in relation to preventing and managing Covid-19 outbreaks had been implemented in a timely manner.

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	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent skilled and experienced staff were not deployed to meet people's holistic needs. Regulation 18