Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Ryland View Nursing Home

Inspection report

Arnhem Way
Tipton
DY4 7HR
Tel: 0121 520 1577

Date of inspection visit: 12 August 2014
Date of publication: 29/01/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced and no one at the service knew we were going to inspect them. The last inspection on 14 January 2014 identified that the service was not meeting legal requirements in respect of providing care to people, management of medicines and monitoring of the quality of the service. At this inspection we saw that improvements had been made in all the required areas.

Ryland View Nursing Home provides nursing and personal care to up to 140 people who may have needs due to old age, physical disability and dementia. The service is organised into five bungalows each of which have their own facilities and staff team. There are five unit managers each of whom is responsible for the management of a bungalow. There is one registered manager who is responsible for the overall running of the

Summary of findings

complex. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the time of our inspection there were 139 people living in the home. We saw that people were not always safe and protected from harm because we found that the service continued to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the shortfalls in the safe administration of medicines. We saw that there continued to be shortfalls in the information available to staff regarding medicines to be given on an 'as and when' required basis. This information was needed so that it could be ensured people were given their medicines when they needed them and in a way that was both safe and consistent. Records were not available to show that best interest procedures had been followed to ensure that people who needed medicines to be concealed in food and drink were protected and actions were in their best interests.

We saw that people were not always safe because equipment they needed to ensure their needs were met was not always available. This meant that the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the end of the report.

Not everyone in the home was able to tell us about their care so we spent time observing them being supported by staff. We spoke with some people, relatives and friends who were able to tell us about the care provided. Our observations and discussions with people and visitors showed that there were positive caring relationships between staff and the people that lived there. We saw that people were treated with respect and care was based on people's needs. We observed that people appeared to be relaxed and their expressions indicated they were settled and happy. This was the view of family members we spoke with, who told us their relatives were settled and happy. They said they were very pleased with the care their relatives received.

The staff we spoke with were aware of the provisions of the Mental Capacity Act (2005) and people were supported to make decisions about their life. Where people lacked the capacity to make decisions these were made in their best interest. The Deprivation of Liberty Safeguards provisions and applications were made when people's liberty was restricted.

People were having their needs assessed and plans of care were in place. People were supported to access health care services. People received effective care that was based around each person's individual needs and preferences. Risks to people were identified and plans were in place to make sure people were kept safe whilst ensuring their rights were promoted. There were robust recruitment procedures and training opportunities. Staff were supported and trained to ensure they were able to provide care at the required standard to ensure people's needs were met.

People were supported to undertake activities of their choice. These took place both in the home and out in the community. People were supported to maintain relationships that were important to them.

We saw that systems were in place to monitor and check the quality of care. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service. This meant that people benefitted from a service that was continually looking how it could provide better care.

Summary of findings

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 safe.

There were shortfalls in the way that medicines were managed. Records did not confirm that people had received their medicines safely or as prescribed.

People were protected from abuse because staff had the skills and knowledge to keep them safe from harm and people felt able to raise concerns.

There were sufficient numbers of staff available to meet people's needs and ensure that their rights were protected.

Requires Improvement

Is the service effective?
The service was effective.

People's social and health needs were met by staff that had the skills and knowledge to meet their needs because they knew people's likes and preferences and people were referred to the appropriate professionals.

People's nutritional and hydration needs were met because there were meals and drinks available throughout the day. Choices were available and people told us they were happy with the food.

Good

Is the service caring?
The service was caring.

People were treated with respect and dignity. Our observations and discussions with people and family members showed that staff were caring and compassionate. People were encouraged to maintain and develop relationships. People had the support they needed and this was provided in a calm and unhurried manner. People were supported to have their individual choices and preferences met.

Good

Is the service responsive?
The service was responsive.

Staff responded to people's needs appropriately. People were supported to choose and take part in a range of activities.

Care staff knew how each person communicated their wishes so their views were included in their plans of care. Plans were reviewed and up dated when people's needs changed and people were able to any concerns they had.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

People, their relatives and staff felt listened to and able to have an input into improvements in care and the service in general. A range of checks were completed to monitor the quality of the service provided to people however there were shortfalls in some areas.

The manager ensured that staff were aware of their responsibilities and were supported to provide a good service.

Ryland View Nursing Home

Detailed findings

Background to this inspection

This inspection was carried out by a team that consisted of three inspectors, one of who was a pharmacist inspector; a specialist advisor who had knowledge and recent practice experience of working with people with dementia and, an expert by experience who had experience of nursing and dementia care services. 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 our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us to explain how they are meeting the requirements of the five key questions we ask.

We reviewed other information that we held about the service such as notifications, which are events that happen in the service that the provider is required to tell us about, and information from other agencies including Commissioners of the service and safe guarding teams.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also carried out general observations and sampled records such as complaints and compliments information, quality monitoring and audit information. We spoke with fifteen people using the service, five relatives, two other visitors and fourteen staff. We looked at the care records of five people to see if their care had been delivered as planned.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 14 January 2014 we identified that improvements were required in medicine management. Following this inspection a multidisciplinary team from the Clinical Commissioning Group (CCG) undertook a visit to the service on 25 and 26 June 2014. That visit identified some issues that required further action.

At this inspection we looked at the management of medicines in three units and looked at the medicine administration records for 30 people. We found that people's medicines were still not being handled and managed safely.

We were shown daily checks undertaken by the service to ensure that medicine administration records (MARs) were accurately completed. We found that the majority of MARs documented what people had been given. We did note however that one person had some gaps in their MARs because when they received regular medical treatment elsewhere they were not given their medicines. This reason was not recorded on the MARs. This meant it was not possible to determine if they had been given their prescribed medicines.

We looked at the supporting information available to staff regarding a medicine to be given 'when necessary' or 'as required' for anxiety or agitation for seven people. We found that the information was not specific to each individual. This information was needed to enable staff to make decisions that ensured that people were given their medicines when they needed them and in a way that was both safe and consistent.

We found that four people's medicines were to be administered concealed in food or drink. We found that 'best interest' procedures had not always been followed and signed agreements between all interested parties and recording of which medicines were to be concealed were inadequate. Whilst nursing staff were able to tell us how the medicines were given this information had not been recorded. This meant that information to ensure people were given their medicines safely when they were unable to give consent was not always accurate or available.

Medicines with a short expiry date were not always removed for safe destruction. We found an eye preparation in the medicine trolley for one unit that had passed its 28 day expiry date and was no longer safe to be in use or available. The eye preparation was removed from the medicine trolley during the inspection and replaced with a new one.

Medicines were stored securely but there was insufficient storage space available on one unit. We found disorganised and chaotic storage of people's medicines. A nurse on the unit told us that the new delivery of medicines ''hasn't been sorted out yet because we haven't had time''. However, this meant it was difficult to easily find people's medicines which increased the risk of medicines not being given. Medicines requiring cool storage were stored in locked refrigerators. However, the refrigerator temperature records for one unit had not been completed for one week in August 2014. This meant that it was not possible for the service to be sure that the medicines would be fit for use.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that some people had nurse call buzzers available so that they could summon support when needed, however; we saw that some people did not have access to the buzzers. One person told us, "The nurse call is broken and they have tried to mend it but it never lasts that long. I do complain but... well nothing happens. I have to shout to get attention." We saw that although the buzzer was working the extension lead was not available to the individual so that they were not able to easily summon support without shouting. This meant that although people were able to get assistance this was not always easy for some people.

Our observations showed that interactions between staff and the people that lived at the home were positive and people were treated with respect. One person told us, "When they (staff) shower me they are very careful that I don't hurt myself, they keep me safe." Another person told us, "I've been to a few (homes) but by far this is the best." A relative told us, "Staff keep my relative safe by walking with her when she goes somewhere like the dining area, staff are always around so when I'm not here I don't have any worries if my relative is ok." The manager told us that they ensured that people were kept safe by ensuring there were sufficient staff on duty, risk assessments were carried out, needs met and equipment was available to meet their needs. Care records and our observations confirmed this.

Requires Improvement

Is the service safe?

All the staff we spoke with were knowledgeable about safeguarding issues. Staff were able to describe the different types of abuse and signs and indicators that abuse may have occurred. Staff told us and records confirmed that they had undertaken safeguarding training. Staff knew how to raise concerns and our records confirmed that the manager had followed the agreed inter agency procedures for notifying the local authority of potential incidents of abuse. This meant that systems were in place to protect people from abuse.

We saw that the service had considered people's human rights and there was evidence that Mental Capacity Act (MCA) assessments and Deprivation of Liberty Safeguard (DoLS) authorisations had been completed. One person told us, "They maintain my independence by making sure I do what I can and they do the rest. They tell me what they are going to do and how they will do it and is that alright with me." The manager told us, and records confirmed that two applications under DoLS had been made and agreed. Records showed that multi-disciplinary meetings had taken place to ensure that decisions were taken in people's best interest. However, we saw that in some instances the designations of the people that had attended were recorded instead of their names so that in time it may become unclear who had been a party to the decision making process. We saw that although staff had a good understanding of safeguarding and mental capacity issues some staff did not have a good understanding of DoLS.

We observed that there were sufficient staff on duty to provide people with the support they needed and that ensured people were not left unsupervised for long periods of time. Most people told us that there were enough staff to support them. One person told us, "I think there is enough staff around to meet my care needs." We saw that care staff spent time with people supporting them to undertake daily tasks and social activities. Relatives we spoke with told us they felt there were sufficient numbers of staff to provide support to people.

Staff told us and three staff files looked at confirmed that the recruitment process included a number of employment checks including references from previous employers, health screening and a disclosure and barring check (DBS). A DBS check includes checking the persons' criminal record and the list of people unsuitable to work with vulnerable people. Checks such as registration organisations including the nursing and midwifery council were undertaken to ensure that people were able to carry out their roles safely. This meant that appropriate checks were completed before staff began work.

Good

Is the service effective?

Our findings

We observed that there were positive interactions between staff and the people that lived at Ryland View. Most people told us that they were happy with the care provided. One person said, "The care is good and they look after me good." However, one person told us they were unhappy with some aspects of their care. For example, "Most of the time staff can't be bothered to help or give me a shave it's on charge but that's no good if I can't use it. Staff should try harder. Another thing is why am I always in bed? I never used to be. Staff do come and talk to me." We raised these issues with the unit manager who agreed there had been a delay in getting an appropriate chair for the individual. This meant that most people were happy with the care they received but for some people things could be improved.

All the staff spoken with told us that they had received induction training, followed by shadowing and supportive practice which meant that they were supported to develop their skills and knowledge about people's needs, Once in post they received regular on going training that ensured that they could meet people's needs effectively. For example, staff were provided with further training which included dementia awareness and mental health training which was relevant to meeting people's needs. Staff told us and records confirmed that they received individual and group supervisions so that they were kept updated and supported to meet people's needs. This meant that staff were supported to meet people's needs.

All the relatives and people spoken with told us that they had been involved in providing information about people's needs. People told us they were involved in their care delivery. One person told us that when they were supported with personal care, "They (staff) only do the bits that I can't reach and they tell me what they want to do and is that ok by me, they always ask me if I'm alright as they wash me." This meant that people received support in the way they wanted.

All the people we spoke with told us they were happy with the food available. One person told us, "The food is good, nice and fresh with quite a few choices." We were told that cultural alternatives could be requested and we saw that some people had received culturally appropriate meals. However, we saw that staff could forget to ask people about these alternatives because there were no prompts on the choice sheets or pictures in the picture menus to remind people or staff that the alternatives were available. We saw that some people had eaten a late breakfast. Staff told us that there were limits to how much their lunch could be delayed. However, sandwiches were available later if they wanted something to eat. We saw that people's nutritional needs were assessed and appropriate plans were put in place to meet their needs. We saw that people received support to eat independently with the use of appropriate crockery. This meant that people's nutritional needs were met.

We saw that people were supported to maintain and improve their health as needed. There was evidence in all the care files we viewed of involvement of healthcare professionals. We saw that people received support from a variety of healthcare professionals. Staff told us that if they felt that something was wrong with an individual they would inform the nurses who would see them and make any appointments needed. This meant that people's health needs were met.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person told us, "I'm happy with the staff they are polite, well-mannered and caring; they care for me and keep me well, safe and happy." Another person told us, "The staff are absolutely great, nothing is too much trouble for them and they know what they are doing as well." A relative said, "I have nothing but praise. They treat dad like family." Another person said, "They have been very kind and compassionate, they care in such a beautiful way. Staff are caring, they stop and talk to me and make sure I have everything that I need. Staff give me my medication at the same time every day so that I don't have to worry in that way."

There was a welcoming and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and with staff. Although staff had individual roles and responsibilities we saw that staff worked as a team and demonstrated a caring attitude towards people. When we conducted observations we saw that staff interacted well with people and had a courteous, caring and patient approach. People were able to take they time to make decisions when asked by staff to make choices.

People told us that they had the opportunity to express their views about the support they received and the service in general. One person told us, "The staff listen to you and do what you ask." Another person told us, "Yes I'm well looked after but If I had any complaints I would speak to the manager she is very nice." A relative told us, "The staff and the manager are always available to talk to."

We saw that people's privacy and dignity were promoted. People told us and staff confirmed that they encouraged people to do as much as possible for themselves, that they were not rushed and that curtains were closed when personal care was provided and this promoted privacy and dignity. One visitor told us, "They treat my friend with such dignity and compassion." We saw that bedrooms doors were closed when personal care was provided. We saw that people were well groomed and this showed that staff understood that how people looked supported their self-esteem and dignity.

Plans of care included information about how each person communicated their emotions and feelings and made their wishes known. This ensured that staff had all the information they needed to provide people's care in the way the person wanted. We saw that staff communicated in an effective and sensitive manner with people.

People told us they were able to make choices about what they wore, what they ate and where they sat during the day. Care records we looked at showed that there was detailed information about people's health and social care needs. We saw that these were individualised and included lots of information about people's likes and preferences however, more detail about how people's cultural needs were to be met would have ensured that all aspects of people's care was met in a personalised way.

Good

Is the service responsive?

Our findings

Most people were involved in making decisions about their care. For example, one person told us, "I choose to stay in my bedroom but staff regularly come and chat with me to check I am okay."

A relative told us, "I'm actively involved in any changes to my relatives care plan or medication changes." A member of staff told us that an activities worker had recently been recruited in response to feedback from people and so that there was time to talk to people."

Care records we looked at showed that people's changing needs were recorded and information was shared with staff so that they were kept informed of the changes in needs. A relative told us, "Every now and again we all meet up to discuss my relative's care needs and if they have changed, I feel listened to and my views are respected. We were involved in the changing of the menu which is so much better now."

We saw that people were able to choose what they did to occupy themselves. Activities were organised for each bungalow by an activities coordinator based in that bungalow so that everyone had opportunities for social interactions. Most people were happy with the organised activities and told us that staff made time to chat and sit with them in their bedrooms. We saw that events such as garden parties and fetes were organised. There were some individual and group activities such as bingo, manicures, board games and crafts that were organised. During our inspection we saw people enjoying a quiz in which relatives were involved. The activities coordinator told us that they did not always follow the planned activities and varied activities according to people's responses and involved relatives to get a history of what people liked to do. This meant that activities were based on people's interests.

People were encouraged to maintain and develop relationships. Family members told us they felt welcomed at the home. One relative said: "It is very welcoming, an open house. I don't feel I'm intruding". One person told us they visited a friend regularly at their home or met them in town for a coffee.

The home had a complaints procedure in place and we saw that complaints received had been appropriately responded to. Staff we spoke with were aware of the complaints procedure and told us how they would support people to raise their concerns. We saw that there was a comments book in each of the bungalows and we saw that these were used to raise issues about the quality of the meals by people, relatives or staff. There were also meetings for people and their relatives where they were able to raise any complaints and comment on the service and make suggestions for improvements. For example, one relative told us they had been involved in making changes to the food menus. This showed that there were systems in place for people to be able to express their opinions and know that they were listened to.

Requires Improvement

Is the service well-led?

Our findings

We saw there was a management structure in place that enabled each bungalow to be managed effectively. The registered manager provided good leadership for the unit managers. We saw that the registered manager was knowledgeable about people in all the bungalows and was known to people. Staff, relatives and people living there described the manager as approachable, kind and someone who listened to them. The staff confirmed that they received on going supervision and that they felt supported to carry out their roles. Staff told us that the manager was supportive and listened to any concerns they raised and that they received regular training. The manager told us and records and staff confirmed that systems were in place that ensured that information was passed onto the appropriate people. There were opportunities for staff, relatives and people to discuss the service and make suggestions for improvements. For example we saw that there were handovers at shift changes, there were monthly staff meetings and regular meetings for people and their supporters. This showed that the manager was respected and that there were systems in place to get the views of people using the service and staff about the service provided so that improvements could be made.

Staff told us that they felt valued and listened to and they would report any concerns or poor practice if they witnessed it. All the staff we spoke with were aware of the whistle blowing procedures. We saw that all incidents and accidents were recorded and that changes were made to plans of care and risk assessments to take account of any learning. Analysis of accidents and incidents ensured that any trends and patterns were identified so that any actions needed to be taken could be taken and reoccurrences prevented if possible. This meant that there was a culture of openness where people were able to raise concerns and felt safe to do so.

The home had systems in place to monitor and check the quality of the service. We saw evidence of audits and checks that were carried out by managers in the home and responses from questionnaires completed by people and their relatives. Reports prepared from these responses were accessible to people and we saw that people were happy with the care provided. The provider also carried out regular visits which highlighted good practice and areas where improvements were needed. For example, in one visit the level of supervisions for staff had fallen. Evidence was available to support that action had been taken to address this. This showed that systems were in place to monitor the quality of the service provided. However, the systems in place had failed to ensure that not all the shortfalls identified in the management of medicines by us and the CCG had not been addressed and that the appropriate equipment was always in place to enable people to summon support effectively.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used services were not protected against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13