

Rylands Care Limited

The Rylands Nursing and Residential Home

Inspection report

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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 15 September 2016 and was unannounced. The Ryland's is a residential and nursing home that provides personal care and accommodation, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 42 older people some of whom are living with dementia, at the time of the inspection there were 32 people living at the service.

The service did not have a registered manager in post on the day of the inspection. The service had been without a registered manager for one month prior to the inspection. The provider told us the current manager would be making an application to be registered in the near future. 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.

People told us they felt safe. People received support from staff that were knowledgeable about their responsibilities to identify and report any concerns related to the abuse of vulnerable adults. Care plans included risk assessments and where risks were identified management, plans were in place to minimise the risk. Peoples' medicines were managed safely. The provider had recruitment processes in place to ensure people were supported by staff that were suitable to work with vulnerable people. There was enough staff to meet people's needs safely.

People received support from knowledgeable staff who had access to good support from the provider. Staff understood the Mental Capacity Act 2005(MCA) and supported people in line with the principles of the act. People enjoyed the food, could choose what to eat and had their dietary needs met. People received support to access health professionals to maintain and improve their health.

People had developed caring relationships with staff. People were asked for their views and could make choices about their care and support. People were encouraged to be independent. Staff treated people with dignity and respect and protected their privacy.

People had their needs assessed and care plans were in place which identified peoples individual needs and preferences. People could maintain their hobbies and had access to individual and group activities. People were able to make complaints and felt these would be dealt with effectively.

People were positive and complimentary about the management of the service. People felt involved in the service and were asked about their experiences. The provider looked for ways to improve the quality of the service people received and had effective monitoring systems in place.

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.

People received support from staff who understood their responsibilities in protecting people from harm.

Risks to people were assessed and plans were in place to manage risks to people's health and safety.

There were sufficient staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff were well supported and received training to ensure they had the skills and knowledge to meet people's needs.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA).

People had their dietary requirements met and had a choice of food and drink.

People had access to health professionals to maintain their health.

Is the service caring?

Good ●

The service was caring

People had developed caring relationships with staff.

People were able to make choices about their care and support.

Staff understood the importance of people maintaining their independence and encouraged them to do so.

People were treated with dignity and their privacy was protected.

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were personalised and contained information to ensure their individual needs were met.

People were positive about their opportunities to maintain their hobbies and enjoyed the group activities provided.

People had access to a complaints procedure and felt confident any concerns would be dealt with.

Good ●

Is the service well-led?

The service was well-led.

People, relatives, and staff were positive about how the service was run.

The culture was open and inclusive and people felt they could influence change.

The provider looked for continual improvements and monitored the effectiveness of the service people received.

Good ●

The Rylands Nursing and Residential Home

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 was planned to check 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 unannounced inspection took place on 15 September 2016. The inspection team consisted of one 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document we ask providers to complete to provide information about what the service does well and what improvements they plan to make. We used this information to help us plan our inspection.

During the inspection, we spoke with ten people who use the service and two relatives. We also spoke with the provider, the manager, the administrator, two nurses, three care workers and the cook.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed a range of records, which included the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, staff rotas, meeting notes, monthly audits, and medicine administration records.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, "The staff look after me; I would trust them with anything". A relative told us, "Oh yes [my relative] is safe here". Staff told us they understood what the signs of abuse were. They were able to explain how they would support people who they suspected had been a victim of abuse. Staff also told us about the importance of reporting any concerns. One staff member said, "I would report any concerns straight away". Another staff member said, "The first priority is to protect the person and make sure they are safe". We saw the provider had appropriate systems in place and where required referred allegations of abuse to the local safeguarding authority. This showed us staff understood how to report any concerns about safety for investigation.

Risks to people's health and safety had been assessed. One person said, "I have a buzzer around my neck if I want anything I use this". A relative told us, "[My relative] has a history of falls but here staff are constantly with [my relative] and they have a frame and alarm. I am very happy with safety which was a worry before". We observed people who used a hoist for transfers had a record sheet, which detailed information about the correct equipment to use and staff referred to this when supporting people. One person we spoke to about using the hoist said, "They [staff] are very careful. There are always two of them". Staff told us there were specific plans in place for using the hoist. "One staff member said, "All hoist transfers have two members of staff and we have to check we have the correct equipment before we begin". We saw there was a procedure for managing accidents and all staff understood what action to take, the records we saw supported what we were told. One staff member said, "There is a procedure, we call for the nurse who checks to see what action is needed". The provider told us there were detailed risk assessments in place and these were updated monthly or as required, the records we saw supported this. This showed the provider had systems in place to protect people from the risk of harm and provide support when people had an accident.

People told us there were enough staff. One person said, "There is always plenty of staff around". Another person said, "There is always enough staff to help us". We saw there were adequate numbers of staff available to support people on the day of the inspection. For example, we saw there were staff available in all communal areas of the service and people did not have to wait for care and support. Staff told us there was sufficient staff on duty and if there was any shortage of staff due to sickness or annual leave staff would cover the shifts. The provider told us they looked at the support people needed to work out how many staff were required. This showed us there were sufficient staff to ensure people were safe.

People received support from safely recruited staff. The provider told us they carried out appropriate pre-employment checks, which included criminal records checks and reference checks. The staff we spoke to told us these checks were completed before they started work and the records we saw confirmed this.

People told us they received their medicines as prescribed. One person told us, "Staff are very good with me. They know when my medicine is due" Another person said, "They are always on time". Relatives told us they were happy with how medicine was given, one relative said, "They have sorted out all [my relatives] medicine. It is always on time". Where people needed medicine on an 'as required basis,' we saw there were records in place for staff to refer to providing information about when to administer these medicines. We

saw medicines being administered by staff safely. For example, people were asked if they were ready for their medicine and had an explanation of what it was prescribed for. Medicine were stored and disposed of safely. This showed us people received their medicines safely.

Is the service effective?

Our findings

People and their relatives told us the staff understood how to support them safely. One person said, "They all know what they are doing. They are all lovely". A relative said, "I have full confidence in them." Staff told us they felt supported by the management team. One staff member said, "The nurses and managers are really supportive they help you with anything you need". Staff told us they had regular team and one to one meetings, which gave them the opportunity to discuss any concerns, the records we saw, supported this. The provider told us in the PIR that the staff induction takes three months and staff had an allocated mentor. We spoke to staff about this and they confirmed what the provider had told us and said the induction was effective in preparing them for the role. The provider told us staff could access a range of training depending on their role and this was refreshed on a regular basis, the records we saw supported this. Staff told us the training was good and they felt it helped them carry out their role, which enabled them to provide people with effective support. One staff member said, "The MCA training was really good it was intense but helped me to understand". This showed people received support from staff who had received training that enabled them to be effective in their roles and staff received regular support from the managers.

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 told us staff asked them to give consent before offering care and support. We saw staff ask permission before supporting people with care and support, for example, people were asked if they were happy to take their medicine, if they were ready to have personal care needs met and if they were happy for staff to help them out of the chair. Staff we spoke with understood their responsibilities in respect of consent. One member of staff told us, "I talk to people and explain what we need to do and why". Another staff member said, "[A person] makes a sound if they do not want to do something so I leave it and come back later". Where people could give consent to treatment there were records on their care plan of the type of care and support they gave consent to receive, these records were signed by people and reviewed regularly. The provider told us in the PIR staff had received training in the MCA and DoLS after which they submitted a reflection on what they learnt and "quizzes have been used to assess learning and identify future needs". We saw records, which confirmed this and staff told us they felt confident in protecting people's rights. This meant people's rights were protected in line with the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider had systems in place to work within the principles of the MCA and applications to seek authorisation when people were deprived of their liberty were made to the authorising body. The provider told us there was one person with an approved DoLS and six applications had been made to the local authority authorising body. We saw people

had decision specific mental capacity assessments in place for areas such as care and support and finance. Best interest decision meetings had been held, with family members and professionals involved. The outcomes of these were recorded in people's care plans. Staff could tell us about people who had an authorised DoLS and how these were applied in the least restrictive way. For example, staff told us about one person who had a best interest decision made for them because they needed to have medicine for pain relief, which they sometimes refused, so a decision was taken to administer the medicine in a drink to make sure it was taken, a doctor was involved in this decision. This showed us where peoples liberty was restricted it was done in line with the principles of the MCA.

People told us they had enough to eat and drink and had a good choice of meals. One person said, "I love the food here". Another person said, "The choice is good". Relatives told us, the quality of the food was good and people enjoyed it. One relative commented, "[My relative] loves the food here. They talk about how good it is all the time. They are used to having good food all their life and this place is excellent". Staff told the menus offered people a choice of meals. The cook discussed people's preferences with them on a daily basis to determine what they wanted to eat. We saw the menus offered a variety of different meal options and were displayed for people to choose what they wanted to eat. Some people required a special diet and this was provided, staff could tell us about what these people needed and what type of food they should have. For example, some people needed a soft diet whilst others were living with diabetes. We saw people received meals, which met their dietary needs. Staff understood people's nutritional needs and preferences, and referred to the care plan when required. The provider told us in the PIR they used a Malnutrition Universal Screening tool (MUST) to identify people, who are at risk in relation to their nutrition. We saw where people were identified as being at risk a MUST tool had been used to assess what action was required. This showed people could choose what they wanted to eat and drink and received support to maintain a healthy diet.

People and their relatives told us they had access to health professionals when required and were supported to maintain and improve their health. One relative said, "I have seen the change in [my relative]. They are a lot healthier since they have been here. I can't believe the change in [the person's] health". We saw people received support to monitor their health and people had access to nursing staff 24 hours a day to provide support. Staff told us people had support to manage their health. One staff member said, "If people have a specific health condition the care plan will tell us about it and how to manage this". We saw records, which supported this, for example, one person who had a specific health condition had a plan in place, which told staff what to monitor, what to do when the condition presented and how to respond to an emergency. The provider told us they had good access to health professionals such as doctors, chiropodists and opticians and visits were recorded in care plans. The records we saw supported this. This showed people could access professional support when they needed it and people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One person said, "They are all so caring and lovely". Another person said, "They are very caring, very friendly I can't praise them enough". People told us staff made time to speak with them and get to know them. One person said, "They always find the time to come and ask me if I am ok and have a natter. They are so caring and friendly all of them". Relatives also told us staff were caring and kind and they were made to feel welcome during visits, which were never restricted. One relative said, "Staff are wonderful, I am more than happy with them". Another relative said, "We can come and go when we want". Throughout the day, we saw staff interacting with people in a very caring and friendly way. On one occasion, a person who used the service spent time with a member of staff talking about a gift they had received from a relative. The staff member showed interest as they talked with the person and were able to have a detailed conversation about the family member. The provider told us in the PIR, "Staff are encouraged to spend time talking and listening to people". Our observations throughout the day and conversations with staff confirmed this was encouraged. This showed people received care and support from caring staff who took time to build relationships with people.

People told us they had choice in all aspects of their life. One person told us, "We get a choice for breakfast which is nice". Another person said, "They always ask what I would like to do today" Whilst another said, "If I want to go in the garden they take me out safely in my chair and I can sit where I want to" We saw staff offering choice to people throughout the inspection. For example, staff checked with one person if they wanted the light on or off when they went to their room for a rest. We saw staff checking what support people needed at mealtimes, asking where people wanted to go in the home and how they wanted to spend their time. Staff told us they made sure people had choice and gave examples such as people choosing what to wear". The provider told us in the PIR, "People can choose carpets and wall coverings for their rooms when they need updating". From our observations and discussions with people, we confirmed this was the case. People were able to make choices about their everyday life and how their care and support was delivered.

People's independence was promoted. People told us staff encouraged them to do things for themselves. One person told us, "They do assist me to the table [at lunchtime] and pour my gravy if I want it but I can eat myself". We observed staff encouraging people to be independent and do things for themselves. For example, we saw staff supporting people to walk with their walking aid at a pace that suited them and pour drinks for themselves. Staff encouraged people to eat independently and provided appropriate equipment to support them to do this. Staff told us they supported people to maintain and in some cases regain their independence. For example, one person had been supported to regain their mobility. One staff member said, "We encourage people to wash independently where they can". This showed people had their independence promoted.

People told us staff respected their privacy and dignity. One person said, "The staff protect my privacy all the time". Another person said, "Staff are very caring, very friendly I can't praise them enough". Relatives agreed that people were supported in a dignified way and had their privacy protected. One relative told us, "The staff are all very good with this. I have no complaints at all". We observed staff treating people with dignity

and respect throughout the inspection. For example, we saw staff were patient when they spoke to people. We saw staff provided reassurance when people were worried and took time to listen to what people were saying, they spent time with people in their rooms and encouraged people to talk in communal areas. Staff told us they made sure people's privacy was protected when providing care. For example, one staff member told us, "We have a screen we can use if someone needs immediate help in a communal area". Another staff member said they always knocked doors and made sure they were discreet with offering personal care. The provider told us they had introduced dignity champions group where staff took on the role of promoting dignity amongst their colleagues and there were plans to extend this to people who used the service. This showed the staff promoted people's privacy and dignity and the provider had systems in place to encourage this.

Is the service responsive?

Our findings

People told us they were involved in the planning of their care and support. One person said, "I get to discuss what I need and talk about how staff will help me". Relatives told us they were involved, for example, one relative told us, "[My relative] knows what they want and does say but I was involved with the social workers and the home as well". People and relatives told us the staff knew them very well and understood all their preferences. One person said, "Staff all know me and what I like". A relative told us, "They know all [my relatives] likes and dislikes. They treat [my relative] so well". Staff knew people well they could tell us details about how people liked to have things done, where people spent their time and could describe things that were important to people. Staff told us this information was available in peoples care plans and the records we saw supported this. The provider told us in the PIR that people had an assessment prior to coming into the service to make sure their needs could be met. They told us time was spent with people to help design their care plan. The conversations we had with people and the records we saw supported what the provider told us. Peoples care plans included information about their personal history, likes and dislikes and information about their past and present interests. For example, one record told us how the person liked to have their hair and which fragrance perfume they liked; staff we spoke with were aware of this. We saw detailed information about people's health needs and specific advice on how to meet these needs such as a detailed medicines assessment, communication plan, skin integrity and personal evacuation plans. The provider told us care plans were reviewed monthly and the records we saw. Future wishes plans were in place for some people who were happy to discuss this and these included details of how the person may wish to receive care and support in the future. This showed us the provider had systems in place to provide personalised care that responded to people's needs.

People told us about their interests and how they were supported to follow them by staff. One person said, "I like colouring and they get it all ready for me". Another person said, "They support my hobby of painting". The provider had employed a specific member of staff to support people with their interests and arrange group activities. People were very happy with what was on offer and gave examples to us about the things they enjoyed. For example, One person said, "We had a baking session yesterday we had asked for. It was great fun". People told us they could decide what activities were on offer. We saw people taking part in activities throughout the day of the inspection. People were participating in group activities and being supported with undertaking their individual interests. The provider told us the service had won an award for the hosting of a street party in June to mark the Queen's birthday and the prize money would be used as directed by people who used the service. A party was planned to celebrate once the award had been collected. People told us about this event and had good memories of the day. This showed people were supported to follow their interests and had access to a varied activities programme.

People and their relative told us they knew how to raise complaints if they were unhappy with the care and support and felt the staff would listen to them. Everyone we spoke to told us they had never had any cause for complaint. One person said, "I have never had to [make a complaint]. It is so good here" The provider told us they had received no formal complaints since the last inspection. The provider had a system in place to respond to any complaints they told us, "People and relatives can come to us at any point and have an immediate answer to any concerns". This showed the provider had a process in place to receive feedback

and act on any concerns raised.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of the inspection; they had left shortly before the inspection began. The provider told us they had a manager in post that had worked at the service for a number of years in another role and would be registering with the Care Quality Commission, as this was a condition of their registration.

The provider had made sure notifications were submitted to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

People and their relatives told us they knew who the manager was and felt the service was managed well, people and their relatives made positive comments about the service. One person said, "I have seen [the manager] and they have spoken to me. Yes they appear very approachable". People told us the service was good for example, one person said, "We looked at other homes but this is by far the best". Relatives told us they were pleased with how the service was run and very happy with the care people received. One relative told us, "Staff are wonderful. More than happy with them". Another added, "They are all very good. I have no complaints at all". During the inspection, we saw people were happy to approach the provider and the manager and ask questions. Staff were smiling and chatting to people and appeared relaxed whilst carrying out their duties. Staff told us they were happy with how the service was managed and spoke about how supportive the manager was. One staff member said, "The manager is very approachable and will help with anything". Another staff member said, "I would definitely put my mother here if I had to". Whilst another said, "You can tell the staff are happy here. I really like working here". The provider told us they felt the service was well run as they had continuity in their management and staff team. They told us that they took photographs of the residents and made albums for them and their families. This showed there was a positive culture in the home and people felt supported by the management team.

People and their relatives told us they could contribute their views about the quality of care. People told us about things they had influenced and changed. For example, one person told us about wanting to access a room at the service to enable people to spend time together and staff opened this up for people to use. People told us they had been asked for their views on things and attended meetings to discuss how the home was managed. One person said, "If we want anything the manager and staff just do it". The provider told us there were resident meetings. We saw examples of changes following the meetings. For example, fish was moved from the menus on a Friday at people's request. Staff told us they could approach the management team and seek support with anything and they very much felt as though they were part of a team. One staff member said, "The organisation looks after the staff team and that is very important". The provider told us in the PIR they looked for opportunities to seek improvement. For example, they said they were members of Shropshire partners in care (SPIC) this organisation supports the independent sector and provides up to date information and support. The provider also referenced keeping up to date with best practice from national sources such as NHS England, the Nursing and Midwifery Council and Skills for Care. We saw information from these organisations on display and staff talked about how they could access

outside agencies for information to improve the quality of service. This showed the provider had systems in place to check the quality of service people received and looked for opportunities to update the practices within the home.

People had access to effective care and support, which was monitored by the provider. The provider had systems in place to check the quality of the service people received. We saw regular audits were carried out such as care plans, medicines, training, accidents, incidents, and environment checks. Where any issues were identified action was taken to address the concern. For example, immediate repairs were carried out following environmental audits. The provider had systems in place to check the quality of the care provided and make required improvements.