

Vijay Mehan

# Ryland Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 24 and 26 October 2017 and the first day was unannounced.

Ryland Residential Home was last inspected in September 2015 and was rated Good. At this inspection, the service remained Good.

The provider is registered to provide accommodation for up to 17 older people in the service over two floors. There were 16 people using the service at the time of our inspection.

A registered manager was in post and was available throughout the inspection. 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.

Risks were not always managed so people were fully protected from avoidable harm. Sufficient staff were not always deployed to meet people's needs and medicines management practices required improvement.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Staff were recruited through safe recruitment practices. The service was clean and staff followed correct infection control practices.

Staff received induction and training. Staff had not received individual supervision and appraisal recently but had received group supervisions and did feel supported. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to better support people living with dementia.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence. People could receive visitors without unnecessary restriction.

People received personalised care that was responsive to their needs. Care records contained sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided. New more detailed audit tools were to be introduced to further improve monitoring of the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks were not always managed so people were fully protected from avoidable harm.

Sufficient staff were not always deployed to meet people's needs and medicines management practices required improvement.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse.

Staff were recruited through safe recruitment practices.

The home was clean and staff followed correct infection control practices.

### Is the service effective?

**Good** ●

The service was effective.

Staff received induction and training. Staff had not received individual supervision and appraisal recently but had received group supervisions and did feel supported.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to better support people living with dementia.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remains Good.

## Is the service well-led?

Good 

The service remains Good.

# Ryland 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 inspection took place on 24 and 26 October 2017 and the first day was unannounced.

The inspection team consisted of an 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, we asked the provider to complete 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 also reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided by the service. This information was used to help us to plan our inspection.

During the inspection we observed care and spoke with four people who used the service, six visiting relatives or friends, one visiting healthcare professional, the cook, a cleaning staff member, a laundry staff member, a wellbeing staff member, two care staff, the deputy manager, the registered manager and the provider. We looked at the relevant parts of the care records of four people who used the service, three staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

Risks were not always managed so people were fully protected from avoidable harm. Pressure-relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers; one of the two mattresses we checked were set at too high a setting for the person using it. This meant it would not be effective in reducing the risk of pressure ulcers and might have increased risk. The registered manager put a notice above the person's bed reminding staff to check the mattress was at the correct setting. We saw the mattress was at the correct setting on the second day of our inspection.

A person said, "The house is well maintained. It's kept very well. It is looked after well and all." We saw the premises were generally safe and well maintained and checks of the equipment and physical environment were taking place. However, we saw harmful substances were not always securely stored. The registered manager discussed this with staff and there were no examples of this on the second day of our inspection.

We also saw an external inspection of the fixed electrical wiring in the home had identified issues that needed to be addressed by the provider to ensure risks were safely managed. This report had not been followed up by the service and the actions had not been taken. This meant there had been a greater risk to people's safety though no incidents had occurred. We told the registered manager who immediately contacted the external contractors to arrange a further inspection to identify any work required.

Personal emergency evacuation plans (PEEP) were not in place for all people using the service and were not up to date for some people. This meant staff would not have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. These were put in place during our inspection.

Sufficient staff were not always deployed to meet people's needs. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time. However, on the first day of the inspection, staff were not present in lounge areas at all times in order to monitor those people who would be at risk if left unsupervised.

A visitor said, "It's safe here to a point. I think [staff] should be keeping their eye on the residents much more while they are in the lounge. At least one of them should be in here. It relies on [a person using the service] sitting at the end of the lounge to ring the bell if help is needed. I don't think that the ones that need help should have to rely on another resident to get help for them. The staff should be in here so they can help if necessary. I do think that there are enough staff they just need to make sure that one of them is sitting in the lounge." We saw a person at risk of falling attempt to stand up out of their chair. No staff member was present and another person using the service rang the call bell to alert staff who quickly came into the lounge.

People's views were mixed regarding staffing levels and staff responsiveness to call bells. A person said, "Usually it seems like there are enough staff here and sometimes it feels like there isn't. To get help I ring a bell. The response time is variable." However, another person said, "We have a buzzer in our room. If I need help [staff] come straight away." A visitor said, "I don't think that there are enough staff. The problem comes

when there are staff off then there's too much for everyone to do." The registered manager told us a number of staff had left the home recently without working their full notice period. This had meant the registered manager and the deputy manager had been covering staff absence and providing care for people. Staff told us there were enough staff to meet people's needs but staff were stretched due to recent staff departures. Recruitment of new staff was taking place.

Medicines management practices required improvement. Not all medicines administration records (MAR) contained a photograph of the person that staff could refer to when checking whether they were giving medicines to the correct person. All photographs had been put in place by the second day of our inspection.

We checked MARs for all people using the service and found there were three gaps where staff had not clearly identified whether the person had received their medicine. We checked stocks of the medicines and the stocks indicated the medicines had been administered. There was a checking process for staff to check each other's MAR charts to ensure there were no gaps. This process had not been carried out for the days where the gaps were present. The registered manager told us they would remind staff of their responsibilities to check each other's work and these checks were taking place by the second day of our inspection.

Temperature checks were not recorded daily of the room and the refrigerator used to store medicines. This meant there was a greater risk medicines would be stored at a temperature that would affect their effectiveness. The registered manager told us they would remind staff of their responsibilities in this area and these checks were taking place by the second day of our inspection.

A person said, "[Staff] give me my medication. I know what it should be and they do it correctly." Medicines were stored securely. Staff received medicines training and had their competency to administer medicines assessed regularly. That helped to ensure people received their medicines in a safe way.

People were protected from abuse. People we spoke with told us they felt safe in the home. A visitor said, "If I didn't think [my family member] was safe [they] wouldn't be here."

Staff were aware of safeguarding procedures and the signs of potential abuse. A safeguarding policy was in place and staff had attended safeguarding adults training.

Processes were in place to ensure people were protected from discrimination. All staff were expected to attend equality and diversity training and the service's guide for people using the service stated, "You will be treated as an equal, without discrimination." The registered manager showed us that the service's pre-admission documentation had been amended so people's relationship status could be sensitively recorded. She told us any people identifying as lesbian, gay, bisexual or transgender (LGBT) would be welcomed and the service's statement of purpose stated, "We aim to demonstrate that we welcome and celebrate the diversity of people in our Home. We try to do this in the following ways ... Positively communicating to our service users that their diverse backgrounds enhance the life of the home ... [and] accommodating individual differences without discrimination."

People were not unnecessarily restricted. A person said, "I am free to do what I want to do." Another person said, "I went out for a walk with my friend [a visitor] yesterday." We saw people walked round the home without unnecessary restriction.

A business continuity plan was in place and available for staff to ensure people would continue to receive care in the event of incidents that could affect the running of the service.



Risk assessments were completed to assess risks to people's health and safety and to identify actions to be taken to minimise those risks. Risk assessments were reviewed regularly. Actions were taken to reduce these risks such as the use of a sensor mat and the involvement of external professionals, for example, the falls team. We saw accident forms were well completed and actions had been taken to minimise the risk of them happening again. Some people were assisted to move by staff who used equipment to do this. We observed this was done safely.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. This helped reassure people and their relatives that staff were of good character and were fit to carry out their work.

People were protected by the prevention and control of infection. People told us the home was clean. A person said, "The house is really clean. And they clean all of the [walking frames] too. There's no slipshod here; it's very clean. The cleaner should be commended." A visitor said, "I would give this home five stars for cleanliness. Everywhere is spotless – the lounge, the toilets, [my family member]'s room and the showers." During our inspection we looked at all bedrooms, toilets, shower rooms and communal areas and found the environment was clean and staff followed correct infection control practices.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People felt staff were competent in their role. A person said, "The staff are well trained and they know what they are doing. They're very helpful." A visitor said, "The staff seem to be very good and well trained." We observed staff competently supported people throughout the inspection.

Staff told us they had received an induction which prepared them for their role and records confirmed new staff completed an induction which included two weeks shadowing an experienced staff member. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed staff attended training which included equality and diversity training and was updated regularly.

Staff told us they had not received individual supervision and appraisal recently but had received group supervisions and did feel supported. The registered manager told us due to their recent staffing issues management had not had time to carry out individual supervisions and appraisals. However, they now had plans to do so.

People's consent to care and treatment was sought in line with legislation and guidance. A visitor said, "[My family member] is able to make her own choices; she's not forced to do what she doesn't want to do." Another visitor said, "The staff do explain everything to my [family member] so that she knows what's going on." We saw staff asked permission before assisting people and gave them choices.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

When people could not make decisions for themselves, we found mental capacity assessments and best interest decisions were completed. Staff had an appropriate awareness of MCA and DoLS. DoLS applications had been made appropriately but no authorisations had been received at the time of our inspection.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. We saw DNACPR forms had been fully completed.

Staff effectively supported people who had behaviours that might challenge others. A visitor said, "The staff

are very good with my [family member] because she's not always easy to deal with. She will hit people sometimes." Care records contained sufficient guidance for staff on how to effectively support people at times of high anxiety. Staff had attended training in this area and were able to explain how they supported people with these needs.

People were supported to eat and drink enough. A person said, "The food is very good. We're well fed here." Another person said, "At night I can get food and drink if I want to." A visitor said, "There are lots of drinks throughout the day; tea, coffee, water and juice. And the food is excellent."

We observed the lunchtime meal. Most people sat in the dining room for their meal and were encouraged to sit where they wanted to. Some people were shown the plated meals so they could make their choice of meal. People were served promptly and enjoyed their meals. We saw people received regular drinks throughout our inspection and were encouraged to drink by staff. Care plans were in place to provide information about dietary requirements and preferences and people's weights were monitored regularly.

People had access to ongoing support and healthcare from visiting professionals such as community nurses, GPs, opticians and a chiropodist. Access to a dentist was difficult. A person said, "The district nurse comes to do my medication. She's very good she explains everything to me. She's lovely. If I am ill I would get to see the doctor." Another person said, "If ever I'm ill I just ask and a doctor will be called." A visiting healthcare professional told us staff at the home worked effectively in supporting a person living with diabetes.

Care records contained record of the involvement of external professionals. The registered manager told us it was very difficult to arrange for a dentist to visit people living in the home for preventative dental checks. However, they had arranged this in the past and would be looking to arrange this again in the near future. Care records contained oral health assessments and the registered manager told us staff monitored people's oral health on a day to day basis and no one was showing any signs of dental pain at present.

The premises were generally suitable for the people using the service. Most people were happy with the premises, however, one person said, "This is an old house and there are steps in it that present a hazard to me. I struggle to get around sometimes." Adaptations had been made to the design of the home to better support people living with dementia. Bedrooms, bathrooms and toilets were clearly identified. Directional signage was in place to enable people to move around the home independently where possible.

However, a staff member told us one of the people living in the home sometimes attempted to step over patterns on the lounge carpet. Patterned carpets can cause confusion for people living with dementia as it sometimes becomes difficult for people to distinguish between the design and actual objects that need to be stepped over which can put people at a greater risk of falling. We discussed this with the registered manager who agreed to consider whether the lounge carpet should be replaced.

# Is the service caring?

## Our findings

People using the service had developed positive caring relationships with staff. People told us staff were kind and caring. A person said, "The staff are very kind. The staff all know what I like and what I have." A visitor said, "The staff are extremely kind. I couldn't ask for any more. My [family member] is treated very well." A visiting healthcare professional said, "Staff are very caring and speak to people appropriately." A staff member said, "I care with my heart."

Staff had a good knowledge of the people they cared for and their individual preferences. A person said, "This morning [staff] brought me a coffee with three sugars – they know what I like." A visiting healthcare professional said, "Staff know a lot about the people living here." We observed staff interacting well with people and visitors and talking in a warm and kindly way. There was lots of laughter shared between people, visitors and staff.

People were supported to express their views and be actively involved in making decisions about their care. A person said, "[Staff] explain to me things that I need to know. They have explained to me that I shouldn't go to the toilet on my own because I might fall. They don't want me to fall in case I have another stroke. I feel involved in my care because they explain things to me." A visitor said, "We had a conversation with the manager at pre-admission and we can talk to the team about any changing needs [my family member] may have." Another visitor said, "I always know what's going on with my [family member] and I feel that staff listen to me."

Care plans indicated people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. Records we reviewed contained documentation which people had signed to show they had been consulted with in relation to decisions about their care.

From 1 August 2016 onwards, all organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. It requires services to ensure people's information and communication needs are identified, recorded, flagged, shared and met. We found the service was meeting the requirements of the AIS.

People's communication needs were identified before they came into the home, during the pre-admission process. When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. The registered manager told us people's communication needs were also highlighted in the paperwork they would take if they went into hospital, so that hospital staff would be aware. We saw the information for people who use the service could be provided in larger print where appropriate. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People were treated with respect and staff respected their dignity and privacy. A person said, "When [staff] come to my room they always knock the door before they come in." A visitor said, "The staff do treat [my family member] with respect and they always knock on the door before they come into his room." A staff member explained how they would protect a person's dignity if they saw they had been incontinent. They said, "I would not draw attention to the person and would just say to them, 'I think you've spilt something'. I would then help them to go to a private area to get clean."

The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. We saw staff treated information confidentially and care records were stored securely.

People were encouraged to be as independent as they could be. A person said, "I'm totally independent – it's only when I'm ill that I'm not." A visitor said, "I think that [my family member] is supported to do as much as he can for himself." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence. A staff member said, "[A person using the service] can eat by themselves but sometimes would let staff do everything for them. I prompt her to encourage her to eat by herself which she does."

People could receive visitors without unnecessary restriction. A person said, "I have my family and friends visit me. They can come to see me whenever they want to." A visitor said, "I can visit whenever I want to. Today I can only stay 20 minutes and so it's good to just be able to drop in like this." Information on visiting was in the information provided for people who used the service.

## Is the service responsive?

### Our findings

People told us they received support that was responsive and personalised to their needs. A person said, "I go to my bed when I want to and get up when I want to. The staff help me to get up." Another person said, "I'm free to get up in the morning and go to bed when I want to." Staff told us people chose when they wanted to get up or go to bed. They were also supported to have a shower when they wanted to.

People were supported to follow their interests and take part in social activities. A person sitting in the lounge said, "My [relative] brings me a book of word searches and jigsaw puzzles. I do the jigsaw puzzles on the big table in the other room. I sit here and do my word searches." Another person said, "Last week was good we had a lady come and she played some CDs and we did some exercises. I really enjoyed that. I also like to read and play my own CDs." A visitor said, "I like the way that they bring the serviettes for the residents to fold up. They enjoy doing that – it gives them something to do." Another visitor said, "They have quite a few activities here. They went on a trip once to the museum. The hairdresser usually comes today. There's the TV in the lounge. But they have quizzes and play skittles. There's exercise to music on a Wednesday."

On the first day, we saw people reading the newspaper, doing word searches, watching television and chatting between themselves. A wellbeing staff member was in place who coordinated activities. On the first day, there was staff sickness and the wellbeing staff member had to work in a different department. On the second day of the inspection, we saw the wellbeing staff member interacted well with people, asking them what they wanted to do and then facilitating that activity which people enjoyed.

Care records contained sufficient guidance for staff to provide people with personalised care. Care records contained detailed pre-admission documentation. A person said, "The manager visited me while I was in hospital and the transition to the care home was excellent." Care plans were in place to provide staff with information on people's personalised care and support needs, including healthcare needs.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. The service's guide for people who use the service stated, "We value the full range of the human spirit and welcome all residents regardless of their race, colour, sexual orientation, nationality, ethnic origin, religion, political belief, disability, gender or marital status. We promote the values of dignity, respect and a desire to live to the full. All staff receive diversity and equal opportunities training and must abide by the home's various policies on these subjects." We saw some people had specified they wished to receive care from same gender staff only and this was respected by staff.

People felt able to complain and their complaints and concerns were listened to and acted upon. A person said, "I have no complaints. I've never had a complaint and I've been here 12 years. I would feel comfortable telling the staff if I wasn't happy about something." A visitor said, "I did make a complaint about [my family member] losing her clothes. [Staff] do listen to me. [The registered manager] or [the deputy manager] get it sorted out straight away." Another visitor said, "I think that the staff do listen to me and try to put things right."

The service had not received any formal written complaints. Guidance on how to make a complaint was displayed in the home and in the information provided for people who used the service. There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

## Is the service well-led?

### Our findings

People and their relatives were involved or had opportunities to be involved in the development of the service. People could not recall attending meetings or completing questionnaires, but felt they could make comments on the quality of the service they received. A person said, "I had opportunity to feedback." A visitor said, "I can always talk to the staff and I feel that they listen to me. They always act on what I say." We saw meetings for people and relatives had taken place earlier in the year and had been chaired by a person independent of the service. Comments were positive. Questionnaires had been completed the previous year and were very positive on the quality of the service being provided.

The vision of the service was displayed in the main reception, "Everyone who comes through our doors will be included in our home and supported to feel safe, secure and wanted." Staff were observed to act in line with this vision during our inspection.

A visitor said, "I feel welcome here." A visiting healthcare professional said, "It's a lovely friendly and nice home to come into. Staff are really helpful." A staff member said, "Everyone's friendly, everyone has a laugh. It's a joyous place." Another staff member said, "It's a lovely home. [People who use the service] are happy, loved by us and they love us in return." We found the home to be calm and relaxed; staff were warm and friendly.

The management team were accessible and provided staff with clear guidance. A person said, "If I want to speak to the manager I would just ask for her. She would come to speak to me." Another person said, "I do know the manager. I can speak to her." A visitor said, "[The registered manager] is very very good. She's strict but she has to be. She doesn't miss a thing." Another visitor said, "The [registered manager] is amazing. [The deputy manager] is just as good." Staff told us the registered manager and deputy manager were very supportive, responsive and approachable. A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. A staff member said, "All staff know that they can whistleblow and all staff would do it."

We saw staff meetings took place and the registered manager had clearly set out their expectations of staff. Staff told us they received constructive feedback in private. A staff member said it was nice to have a member of the management team present at the home for support all week, including weekends. A clear management structure was in place and staff were aware of this. Staff were well organised and worked well as a team.

A registered manager was in post and was available throughout the inspection. They told us they felt well supported by the provider. The current CQC rating was clearly displayed. We saw all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

A system was in place to regularly assess and monitor the quality of service that people received. The registered provider visited the home most days and told us they spoke with people who used the service,



visitors, and staff and checked the building during their visits. We saw regular audits had been completed by the registered manager. Audits and checks were carried out in a range of areas including cleanliness, medicines and care records. The registered manager told us they would be adding more detail to their audit tools to further improve monitoring of the quality of the service. Actions had been taken where issues had been identified by audits or from inspections by external organisations.