Ryedale House Limited

Ryedale House

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

The inspection visit took place on 5 June 2017. The visit was unannounced.

Ryedale House is a residential home which provides care to people with mental health needs. It is registered to provide care for up to seven people. At the time of our inspection there were six people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service and relatives we spoke with said they thought the home was safe. Staffing levels were sufficient to ensure people's safety. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place.

People using the service told us they thought their medicines were given safely and on time and this had been the case when we checked.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served.
People's health care needs had been protected by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs. Activities were organised to provide stimulation for people and they took part in activities in the community if they chose.

People and their relatives told us they would tell staff if they had any concerns and were confident these

would be followed up.

People, staff and most relatives we spoke with were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential issues had been audited.

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 and their relatives told us that people were safe living in the home. People had risk assessments in place to protect their safety, though they had not always been detailed enough to include all relevant issues. Staff knew how to report any suspected abuse to their management, and how to contact safeguarding agencies if abuse occurred. Staffing levels were in place to protect people's safety. Medication had been supplied to people as prescribed. Staff recruitment checks were in place to evidence that people were protected from unsuitable staff.

Is the service effective?

Good

The service was effective.

People and their relatives told us that staff support to meet needs was effective. Staff were trained and supported to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working with and referral to health services.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity. People's religious and cultural issues were met.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's

needs when needed. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good

The service was well led.

People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service though audits on other relevant issues had not been in place.

Ryedale House

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 5 June 2017. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience, who spoke with people to get their views about the service they received. The expert-by-experience was a person who had personal experience of mental health services.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for social care, responsible for funding some of the people who used the service and asked them for their views about the agency. The local authority commissioners stated there had been a small number of issues in their recent inspection but the provider had responded positively to the issues raised.

Before the site visit, 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 what improvements they plan to make. The PIR was returned to us and set out how it aimed to provide quality care to the people living in the home.

During the inspection we spoke with three people who used the service, three relatives, the registered manager, and two support if staff.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

People said that they felt safe at Ryedale House and all the relatives we spoke with felt there family members were safe there. People also told us they were very happy at the home and liked living there. One person said, "It is a nice place to stay." Another person said, "Staff are nice."

We looked at a care plan for one person assessed as having behaviour that challenged the service. The risk assessment included relevant information such as how to manage the behaviour if the person became distressed. Staff told us of the steps they needed to take to manage this behaviour and to keep people safe. They were aware of how to try to calm the person by speaking with them and using distraction if the behaviour occurred. We saw staff doing this in practice during the inspection visit. We checked the person's care plan. It stated that staff should use diversion tactics, though these were not specified. The registered manager said this detail would be added. This helped to ensure that people were protected from risks to their safety.

We looked at another care plan for a person also assessed as having behaviour that challenged the service. There was relevant information as to how staff should manage the behaviour. However, there were other factors which presented a possible risk when the person went out of the home. These factors had not been assessed in detail. The registered manager contacted a health professional to arrange a meeting for this to be carried out. Having detailed plans in place will help to ensure that people are protected from any possible risks to their safety.

In a care plan for a person who had a risk of having falls, there were details in place, such as staff having 'safe and well 'checks every hour. Also, the staff checking that the person's bedroom was free of clutter to prevent trips, and to encourage the person to wear suitable footwear to prevent falls.

We saw that, in the main, people's care and support had been planned to ensure their safety and welfare. Care records contained individual risk assessments which were completed and regularly updated for risks. The staff we spoke with had been aware of their responsibility to report any changes to people's needs and act on them.

Care plans contained relevant information to keep people safe such as the type of food they needed. Staff gave us other examples of how they would keep people safe. For example, reporting to senior management if lighting failed and making sure the cleaning products were locked away so that people could not harm themselves with them. They said that health and safety issues were often discussed, for example, at staff handovers at the beginning of their shift, so they were aware of all current issues. We saw evidence that the registered manager had discussed safety issues with staff.

Health and safety audit checks showed that equipment had been checked, and fire records showed that there had been regular testing of equipment and fire alarms. Sharp knives were securely locked away, so they were not accessible to anyone who could pose a risk to people's safety.

Fire drills had taken place, fire equipment had been serviced, and systems had been regularly checked, such as fire extinguishers and fire bells. A health and safety check was in place covering relevant issues such as first aid, water hygiene and control of hazardous substances. During the visit, we saw no environmental hazards to put people's safety at risk through tripping and falling.

Staff recruitment practices had been in place. Staff records showed that before new members of staff were allowed to start work at the home, checks had been made with and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This ensured that staff did not pose a risk to people's safety.

People thought they were enough staff on duty if they needed help. Staff we spoke with also thought there were sufficient staff on duty to ensure that people were protected from any safety risks. We saw staff always being available when people needed them throughout the inspection visit. We saw that there appeared to be enough staff on duty to keep people safe on the day of the inspection visit. Relatives also told us they thought there had been enough staff on duty to meet the safety needs of people living in the service.

Relatives said that they were kept informed of any incidents or changes by the registered manager.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals had been made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. The provider's safeguarding (protecting people from abuse) policy set out the role of the local authority in safeguarding investigations. However, there was reference to only reporting 'serious allegations' to relevant authorities. The registered manager stated that all allegations of possible abuse would be reported and this procedure would be amended to reflect this. After the inspection visit, she sent us an amended procedure, which included all relevant information.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "If nothing was done about it I would report it to the police, CQC or social services."

The whistleblowing procedure set out information for staff to follow if they did not feel confident that the management of the service would act appropriately to keep people safe. However, this was not clearly stated as it appeared to instruct staff always to report to management first. It also did not state they could then contact relevant agencies directly such as the local authority or CQC. The registered manager said this would be amended. After the inspection visit, she sent us an amended procedure which included all relevant information. This meant that there was information available to staff so that were aware of action that needed to be taken to ensure people's safety.

A person told us that staff gave them their medicine and that they receive their medicine on time. Two relatives commented that their family members didn't always want to take their medicine, but that the registered manager was good at encouraging people to take it. This helped people to safely manage their mental health conditions.

We saw that a system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and administered by staff trained and assessed as being able to do this safely. Staff told us that medicines were delivered in good time by the pharmacist so that people did not run out of their medicine and they were always available for them to take. Information about the reasons why medicine had

been prescribed was available. This assisted staff with understanding people's conditions and side-effects they might experience from taking their prescribed medicine.

We looked at the medicine administration records for people using the service. These showed that medicines had been supplied to people and staff had signed to confirm this. There were protocols in place for 'as needed 'medicine with detailed instruction as to the circumstances when they could be offered to people. A 'medicine refusal form' was in place to record when people refused to take their medicine. This prompted referral to specialist health workers to assist people with their mental health needs.

Fridge and medicine room temperatures had been tested to ensure that medicine was kept at the proper temperature to ensure that it was effective to deal with people's health conditions. Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them. These systems ensured that people were safely protected from the risk of not receiving their prescribed medicines.

Good

Is the service effective?

Our findings

The people living at Ryedale House all felt that the staff were trained and knew what they were doing when providing personal care to them. Relatives commented that the staff met their family member's needs and that they were well trained. One relative said, "I have no worries on that score."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "The manager is very hot on training. We have covered everything we need to know."

The staff training information showed that staff had training in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. There was evidence that staff had been provided with information about people's health conditions such as mental health conditions and epilepsy which ensured staff had the proper knowledge to be able to effectively meet people's needs.

Staff had also undertaken training to support them in their roles as health and social care workers. We saw that some staff had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care.

There was evidence that staff had undertaken Care Certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

In staff records, we saw evidence of new staff having induction into the home, including reading people's care plans. One staff member told us that when they began work at the home, she shadowed a more experienced member of staff some time so that she understood the way in which she needed to effectively meet people's needs.

We saw that staff had regular supervision sessions to discuss their work and any issues they had. One staff member said, "I get regular supervision to talk about my work with people. I have had some problems with learning the ordinary way, but the manager is brilliant and goes through things with me so I can understand them." These sessions had only been briefly recorded. The registered manager said she recognised this and showed us a more detailed form that was to be used in the future.

We saw that not all staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The registered manager said staff would be

reminded of mental capacity issues they needed to be aware of, as they had already received this training.

At this inspection we found evidence of people's mental capacity being formally assessed to ensure that people's capacity had been taken account of. We saw evidence of proper applications being made to the relevant authority with regard to restricting people's ability to leave the home independently, in order to keep them safe. For one person, subject to these conditions, there was still recognition that the person could independently do things for themselves. For example, they had capacity to take charge of an aspect of their health. This showed that the effective care was being provided to people, even though they had some limited capacity to decide all aspects of their lifestyle.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with them, and asked for their consent before supplying personal care. We observed this to be the case when staff provided care to people. This showed us that staff understood had an awareness that they needed to check with people as to whether or not they wanted to receive care from staff.

All people were very enthusiastic about the quality and taste of the home's food. Staff said people could go into the kitchen to make their own drinks, supported by staff. Drinks were readily available at all times. This prevented people suffering from dehydration.

It was noted that there was a menu on the wall for the week, and scheduled meal times, but within these there was scope for catering for individual wishes. For example, we found that people could eat at times that suited them.

Staff had been aware of what food people liked. One staff member said, "If people don't like what is on the menu, they can always have an alternative." Staff were also aware of people's nutritional needs. For example, they checked that a person had the ability to swallow food, so they did not choke.

Food records showed that there were choices to each meal. We saw information in people's care plans about where they wanted to eat their meals. There was also the information contained in care plans that people's cultural needs were respected in relation to the food supplied respecting these needs.

Staff ensured that people with specialist needs received their specialist check-ups with health professionals. People told us their health needs were met. A staff member said, "We take people to health appointments like to their consultant, the GP and the dentist."

We saw in people's records that their health needs were met. Each person had a clear list of all the health professionals. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people having specialist medical appointments.

We looked at accident records. There have been no accidents or incidents since the last inspection visit. The registered manager was aware of the need to refer to medical agencies when needed.

These issues showed that people were provided with an effective service to meet their health needs.

Good

Is the service caring?

Our findings

All the people at Ryedale House commented that they felt listened to and that the staff were friendly and supportive. One person said that staff were supportive, "In every given way." One relative commented that her family member, "Couldn't have had better care than at Ryedale. It's been absolutely first class."

There was also evidence in questionnaires provided to people about the food provided. This covered issues such as where people wanted to eat, whether there were enough food choices for them and whether they enjoyed the food. The result of this was that people were very satisfied with the food they received from staff.

Relatives told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging them to clean their own bedrooms, to make drinks and going to the shops to buy what they wanted.

All people we spoke with said they had freedom to do what they wanted in the home. One person said that they had the freedom to see their friends and family out in the community when they wanted. This was corroborated by the person's relative.

We found out cultural needs were respected and catered for. For example, staff arranged visits to places of worship and provided diets that were in keeping with their religious beliefs.

We saw that people's privacy and dignity was respected. This was observed when staff entered people's bedrooms, as they knocked and waited before going in.

People and their relatives were aware of care plans. People told us that they had signed their care plans, agreeing to the care stated.

Relatives said that their family members were treated with dignity and respect. They also commented that staff had been compassionate, kind and caring. We found this to be the case in our observations. We observed staff speaking with people. They showed friendliness to people and spoke to them in a non-patronising manner. Care plans indicated people's choices for their preferred names.

The registered manager said that when a person moved into the home, it was important that they were able to keep their pets. This had been arranged with them. This indicated that the registered manager was aware of issues that were of real importance to people in their lives and was able to act on this. We saw that people were provided with birthday and Christmas presents from the registered manager, and also a takeaway meal of their choice for their birthday. These practices indicated a caring attitude.

Throughout the inspection visit we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. For example, staff were interested in what people said to them. We saw positive interactions when staff provided support to people, having ordinary everyday

conversations and joking with people.

People told us that staff respected their privacy. Staff told us that they always knocked on people's doors and waited before entering. And they closed blinds in bedrooms to maintain privacy and covered people as needed during personal care.

Staff said that people were able to choose their own lifestyle such as when to get up and when to go to bed, staying up to watch TV, choosing their own clothes, whether they want to take part in activities and being able to go out when they wanted. These issues showed that staff respected people's choices of lifestyle.

There was evidence that staff respected people's cultural needs by providing food that people enjoyed and they were also aware of foods they could not eat. There was information about religious issues such as going to people's places of worship and reading religious texts.

These issues showed that staff, overall, presented as caring, supportive and friendly to people and respected their rights.

Good

Is the service responsive?

Our findings

Relatives were very complimentary about the personal care their family members received. They said it was individualised and person centred. One relative said that staff provided, "Personal care around the needs of the individual." Another relative told us "How they manage [person] is really awe inspiring."

We saw that staff members had a good understanding of people. For example, about how the service dealt with behaviours that challenged the service. They said this approach was successful due to their knowledge of the people's likes and dislikes, combined with encouraging them to make positive behaviour choices, thus developing their coping skills for difficult situations.

We looked at care plans for two people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed.

Care plans contain valuable information to respond to people's needs. For example, prompting a person to carry out their personal care and trying to encourage a person to go out into the community. There had been some degree of success in achieving this as the person was now able to go out of the home and use the back garden. This showed that the home was trying to improve a person's independence and take part in activities in the community.

We saw that care plans had included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do. This gave staff information about how to support people and to help them to achieve what they wanted. We also saw evidence in care plans that staff were encouraged to promote people's emotional needs by being empathetic, warm and trusting and listening to people and reassuring them when they needed this.

When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people as individuals. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

We saw that care plans were reviewed to ensure they still met people's needs. There was evidence that people had been involved in reviews of their care. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues to people's lives in detail. This meant that relevant information was available to staff about how to provide personal care and support to people.

We also saw evidence that people had key workers. There was someone to check that people were happy in the home, that they had activities of their choice provided and whether there was anything else the person wanted to do. This meant there was a system in place to ensure that people's needs had been responded to.

Staff told us that the registered manager asked them to read care plans. They said that information about

people's changing needs had always been communicated to them through handovers and recorded in people's care plans.

People told us they were provided with activities they were interested in. They confirmed there were activities they could choose from. Staff said there were a number of activities people were provided with such as playing games, going out for a walk, sitting in the garden, watching TV and attending religious services.

We saw a summary of people's weekly activities. Some were individual to the person and included activities such as going to an arts group, and going shopping. Staff told us that there was constant ongoing encouragement for people to take part in activities as a number of people were not interested. They said they took some people out to go shopping and to have pampering sessions. We saw that people were able to go out into the community on their own to pursue their own interests. However, one care plan we saw it stated that staff needed to identify a person's activities by finding out what the person enjoyed. However, there was no other information about these activities. The registered manager said these would be included in the care plan and people encouraged.

Relatives said they had no need to complain but they knew how to contact the management at the home. They said if they didn't have any success they would then contact social services. However, they all felt confident that should they have a problem, it would be dealt with in a professional manner. People and their relatives told us they felt comfortable raising concerns and complaints with the registered manager. They said that although they had not had cause to complain, they felt confident that any issues that they had concerned about would be acted on.

We looked at the complaints book. The registered manager stated that no complaints had been received for the previous 12 months. There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. However, it implied that CQC would investigate if they did not think their complaint had been investigated properly. This is not the legal situation. There was no explanation of the role of the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint. After the inspection, the registered manager sent us an amended procedure, which directed people to the local authority, the proper complaints authority.

Good

Is the service well-led?

Our findings

People said that they liked living in the home. Relatives also told us that they thought there was a positive culture. People were very complementary particularly about the registered manager. One person said, "They are willing to help you in times of crisis…you only have to have a talk to them and they help." This was supported by the positive interactions we saw between the registered manager and people living in the home.

Relatives said that they regularly receive satisfaction questionnaires asking about the quality of care, any worries and any ideas. One relative said that when she made a suggestion about her loved one, it was taken on board and acted on. The people living at Ryedale House also said that they receive regular surveys.

Another relative said that she was very happy with how the home was led and managed. "They look after her [person living in the service] welfare. It's really like a family affair. They do their best. I can't praise them anymore. I think they do a wonderful job."

When asked what could be improved about the service, all the relatives said there was nothing. Relatives told us that staff showed a genuine understanding of their family member's needs and what was important to them.

A relative said that they felt the registered manager was open and transparent in any dealings they had with her. Staff told us that the registered manager was always available to speak with people at any time to help them in any way: "We always know we can come to the office and get any help we need." This was an indication of a well led service.

Staff also commented that they felt fully supported in carrying out their role. The staff we spoke with told us they could approach the registered manager about any concerns they had. They felt their opinions would be properly listened to and they had received useful advice on how to deal with situations relating to people's needs.

They said there had been regular staff meetings where issues could be discussed to agree a consistent way of providing care to people. This had included the discussion of relevant issues such as protecting people's health and safety and staff training.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that use the service. The registered manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare.

Staff members we spoke with told us that the registered manager always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Ryedale House had always been put first.

We saw evidence that regular residents meetings had taken place, which meant people had been encouraged to express their views. The issues discussed were relevant to what people thought important, such as what activities they wanted.

Staff had been supported through staff meetings which contained relevant issues such as staff training, teamwork and any incidents that had happened. Staff confirmed that the registered manager took into account their views and opinions during the sessions.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service. This included relevant issues such as planning for people's care, health and safety, cleanliness and maintenance issues. After the inspection, the registered manager sent the results of a quality assurance survey. This had asked people living in the service, their relatives, staff and professionals about the quality of the service provided. This was overwhelmingly positive about the service meeting people's needs.

There were no audits in place to assess whether staffing levels were always sufficient to meet people's needs, whether staff, recruitment was robust and whether staff training was up to date and relevant. The registered manager stated that this would be followed up.

By having quality assurance systems fully in place, this protected the welfare of people living in the service.