

Riddlesden Rest Home Limited

Riddlesden Rest & Convalescent Home

Inspection report

Carr Lane
Riddlesden
Keighley
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Riddlesden Rest and Convalescent Home is a residential care home providing personal and nursing care to up to 10 people aged 65 and over. The home is situated on the outskirts of Keighley providing care in a single storey building. There is car parking to the front of the building and wheelchair access into the home. The home does not have any gardens but there is a patio area for people to use. At the time of the inspection there were nine people using the service.

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

Some risks were managed well, but others had not been identified to ensure the necessary control measures were in place. Moving and handling risk assessments and care plans did not provide the necessary guidance for staff to follow. At times staffing levels were low. Some people required two staff members to support them and this was not always available.

Some of the systems and processes to monitor the quality of the service, which had been put in place by an external care consultant providing support to the home, had not been continued by the registered manager. The registered manager had been busy providing care at the home, which limited their time to complete managerial tasks such as audits.

Some people were quite happy watching television and some people liked to knit. However, there were times during the day when there was very little to occupy people. We have made a recommendation the provider considers current guidance on meaningful occupation and wellbeing.

Medicine management procedures were in place. Evidence to confirm all staff medication training was up to date and their competency levels checked, was not available. Evidence based guidance recommends an annual review of staff knowledge, skills and competency and this had not happened. Some staff training was also out of date in other topics essential to care provision.

People who had restrictions on their liberty had been referred to the relevant authorities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Mental capacity assessments were not decision specific and best interest decisions processes didn't follow best practice. We have made a recommendation the provider considers current guidance on MCA and best interest decision making.

People liked living at the home and the relatives we spoke with who visited during the inspection, told us they were confident they were safe. Information we received following our first two days of inspection alleged some staff did not always treat people with dignity or respect.

Staff were recruited safely, and people received care from staff who knew them well. People and their

relatives were happy with the staff at the home and reported there was a homely feel to the home.

People liked the food and were offered a choice of food options. People's weight was regularly taken and action was taken when there was concern about weight loss.

Rating at last inspection

The last rating for this service was requires improvement (published 21 April 2017). Since this rating was awarded the legal entity of the provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. After the first two days of inspection, and before the inspection concluded we received information of concern. These concerns were in relation to serious allegations of abuse which are being investigated by the police. As a result of these concern we undertook a further two days of inspection. The investigation into the allegations has not been concluded.

Enforcement

At the inspection we identified breaches in relation to the management of risk, staffing levels, staff training and governance arrangements. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Riddlesden Rest & Convalescent Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an inspection manager.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and three care staff/ancillary staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After our visits to the home

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a fire officer, and the local authority commissioning team about the service. We also liaised with the police, and the local authority commissioners in relation to the allegations raised.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risk assessments were detailed. Others lacked essential information to help control the risk and were not used to underpin the relevant care plan. For example, moving and handling risk assessments and care plans did not detail how to support people. It was not clear who had undertaken the assessment for hoist slings, and who was to review their ongoing suitability.
- Some people were cared for in bed. There was no guidance to ensure people were moved safely and to prevent people from developing contractures in their limbs. There was only one member of staff on a waking shift during the night, and there was no assessment or care plan in place in relation to single handed care.

Due to the lack of accurate records showing how risks in relation to moving and positioning was undertaken safely, there was a risk people would not receive the care required. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager agreed to rectify this immediately to ensure people were cared for safely.

- One person didn't have a choking risk in place, but there was detailed information in the care plan from the speech and language therapist for staff to follow. Staff understood how to support this person to reduce the risk of avoidable harm.
- Checks to ensure the building was safe and met legal requirements were completed, recorded and certificates were in place. Two people used a hoist and sling to move safely and had been loaned slings from the community equipment service. Records of checks on slings required to be undertaken every six months, were not available. The registered manager advised these would be included on the checks carried out on the hoist going forwards.
- Emergency evacuation plans were in place to ensure people were supported in the event of a fire. All staff had done one fire drill this year although no simulated evacuations had happened.

Staffing and recruitment

- The registered manager told us they used a nationally recognised dependency tool to determine staff levels which had last been updated in April 2019. Staffing levels were low and although the registered manager advised us four staff were on the rota each morning including one to clean and one to cook, the rota showed several days when there were only two staff for short periods. Most people had low levels of dependency and were relatively independent, but two people required support from two staff. There were times when no staff were in the communal areas and people did wait for support. There were also less staff

on the rota on some weekends.

- The registered manager was actively recruiting staff to the service. On some shifts, care staff were on the rota to cook and to clean and staff told us they were aware before their shift whether they were needed to provide care, clean or cook. However, the rotas were poorly constructed, and it was not always clear which staff were providing care.

The lack of sufficient numbers of suitably skilled staff was a breach impacted on people's support arrangements. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe living at the home. One relative said, "I don't go away worried. It is such a relief she is well looked after. I think she is safe. I think I would know if there was something wrong."
- Staff said they were able to spot the signs of abuse and they told us they would always report this and were confident the registered manager would act upon their concerns.

Using medicines safely

- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. There were some minor improvements required to the recording of drink thickeners for people who had difficulty swallowing. This had been actioned by the second day of our inspection.
- Night staff had not all been trained to administer medicines, which had not impacted on people so far but we raised this immediately with the registered manager to ensure there was always a member of staff on duty who was trained to provide "as required" medicines for people.

Preventing and controlling infection

- The home was clean and odour free, and staff were seen helping with cleaning tasks. There was a comprehensive cleaning schedule which was ticked when the task was completed.
- Most staff had been trained in infection prevention and control, although two members of staff required this training to be refreshed.
- Staff wore personal protective equipment (PPE), for example, gloves when providing personal care. We saw PPE supplies were available in various areas throughout the home. Paper towels had run out in the communal bathroom, which had been an issue previously.

Learning lessons when things go wrong

- There was a system in place to record all accidents and incidents. The registered manager showed us how they were looking into accidents to ensure they prevented a recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Care home providers should ensure that all staff administer medication have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Training records confirmed two out of the three medicines administering staff had been trained this year and one member of staff had their competency checked. The second member of staff said they had been checked as competent, although, the records were not available. We were not provided with the evidence medication competency checks were completed by a 'competent assessor' in line with best practice.
- The staff training matrix was provided following our inspection which showed that although most staff were up to date with essential training, some staff training was out of date. Most staff had attended a refresher course in the fundamental standards of care including topics such as equality and diversity, safeguarding, infection control, dignity in care, and safe people handling.

The registered manager had not ensured all staff training and competence checks had been updated. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff received a thorough induction and those new to care completed the Care Certificate, which is the agreed set of standards that sets out the knowledge, skills and behaviours for care staff.
- Staff told us they received a lot of training to help them provide care and they had regular supervision with the registered manager to help them develop in their roles. Annual performance appraisals had not been completed.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity DoLS applications had been made. CQC had been notified about three authorisations and the registered manager told us they had referred for a further two authorisations.
- The registered manager understood the importance of a person's past wishes in terms of one person's refusal to have a flu jab and endeavoured to uphold their rights in relation to their past beliefs.
- Mental capacity assessments were in place in people's care plans, but they were not all decision specific. More information was required in best interest decisions to show the options considered and who been consulted about the decision and when this had taken place.

We recommend the provider consider current guidance on MCA and best interest decision making and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to coming to live at the home and updated as staff got to know them.
- Recent national guidance on oral health in care homes had been implemented and each person had their oral health assessed. There was an oral health care plan in each person's file although staff were not recording each time a person had these needs met.
- The registered manager said people could choose how they wanted to spend their day. They said, "I don't have a set get up time, I like them to be up for coffee time but it's their choice. If they are up late and have breakfast late, we can do lunch later. We are flexible."

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager told us people had been involved in setting the menu. They said, "We had a meeting with the residents and they decided the food they wanted. We devised a menu with the residents. Because we are small we can make them things. We have a 4-week menu that is laminated."
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP if there were concerns. The dietician had provided information to the home on fortifying people's meals. Staff were aware who required fortified or textured meals
- We observed people eating their lunch at the table and they all told us they had enjoyed it. One person said, "This is lovely." Another person said, "Yes, very nice. It's just an ordinary Sunday dinner. Potatoes, carrots, small piece of meat but they are nice."
- Relatives told us their relation had put on weights since coming to live at the home and were complimentary about the registered manager's homemade Christmas cake and mince pies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records confirmed people had access to external healthcare professionals such as GP, community nurses, physios and speech and language therapist. One relative said, "They are very good at getting help."
- We spoke with a visiting community nurse during our inspection and she gave positive feedback about the home.
- The registered manager and staff had recently been trained in oral healthcare. People had been supported to see a dentist where appropriate and the registered manager was aware of recent best practice guidance in terms of the importance of oral hygiene on people's wellbeing.

Adapting service, design, decoration to meet people's needs

- Recent work had been undertaken at the service on the communal conservatory and a new carpet installed. All facilities were on one level, with one adapted bathroom comprising of a bath, toilet and level access shower.

- There was an additional toilet facility next to the bathroom, which did not have any heating and was very cold. We reported this to the registered manager as an issue, and they responded by saying the door should be left open when not in use to be heated from the corridor. As this affected people's comfort, a more robust resolution was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Following the first two days of inspection we received information which indicated staff did not treat every person kindly or with dignity and respect and some people had been singled out by staff and treated unkindly. The allegations are under investigation by the police.
- We spoke with two visiting relatives whilst at the home. They both spoke positively about the service their relatives received.
- The home was small which helped staff to know people well. People's spiritual and religious needs were catered for. The registered manager said they had a befriender from the local catholic church for support in this area.

Respecting and promoting people's privacy, dignity and independence

- Staff understood to promote people's privacy. During the inspection observed staff discreetly asking one person to come with them (to enable them to support with personal care).
- Staff promoted independence and individuality, supporting people to complete tasks they were able to do such as wash their hands and face.
- People had been supported to maintain their personal hygiene and appearance. One person who had not wanted to get out of bed, happily did so once it was their turn for the hairdresser. One relative made the following comment about their relation, "She is always looking good here."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in making choices and decisions about their daily care and support. For example, we observed staff asking people what they wanted to drink and what they wanted to do.
- Families told us they felt involved in people's care. One said, "If there was any issues they would tell me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records did not show people were engaged in meaningful occupation and we saw very little of this happening during our inspection. There was no dedicated activities coordinator at the home and it was the role of staff to support people with their hobbies during the day. But as staffing levels were low, and two people were cared for in bed, not every person took part in occupations that were meaningful to them.
- During our inspection, people who were not in their bedrooms, watched television in one communal area during the morning, most happily engaged with the television programme, whilst staff supported other people with personal care. One person was a keen knitter and we saw staff encouraging this person with this in the afternoon.
- One person was supported to keep in touch with their church. The registered manager said, "The priest comes out to give holy communion, a lay preacher comes every Sunday. The priest talks about who is at the church."

We recommend the provider considers current guidance on meaningful occupation for people living in care homes and takes action to update their practice accordingly

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager was responsible for recording information about people on a care plan. Information was person-centred detailing people's wishes and preferences.
- Care plans had been evaluated, although not monthly and the ones we looked at had some sections which were both current, detailed and personalised. Old information had been kept in the files, and we fed back to the registered manager, to ensure only current information was followed by staff. As detailed previously, more information was required in relation to the management of some risks.
- Staff were completing daily records when supporting people, although, some improvements were required in the detail of these records to evidence the care provided to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most staff had been trained on the AIS. Information was available to people in different formats. People's communication needs were recorded in their care plans and staff were aware of the best ways to

communicate with people.

- The registered manager advised us one person with a visual impairment had information such as a newsletter provided onto an audio tape to help them remain informed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint. Relatives told us they would complain to the registered manager if they had any concerns.
- One complaint had been recorded which had been responded to appropriately.

End of life care and support

- The service supported people at the end of life.
- We saw detailed end of life care plans and people's preferences and choices in relation to end of life care were recorded.
- Those requiring this support had anticipatory medicines in place and community nursing support were available to support staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At this inspection we have identified breaches in regulations relating to safe care and treatment, staffing levels, training and the governance carried out by the provider. Following a previous inspection, the provider had sought advice and support from a consultant. They had completed a detailed audit and action plan which had been reviewed at intervals. The service had made some improvements. However, audits about the quality of care had not all been continued by the registered manager which raised concerns about the service's ability to sustain some of the improvements made.
- The staffing dependency tool had not been completed since April 2019. Care plan audits were not taking place, although, the registered manager was reviewing people's needs.
- The registered manager told us medication audits were not taking place, but we found one dated April 2019, which had been done by the consultant.
- Medication competency check information was not readily available. Staff training information was in each individual file, so the registered manager did not have this information readily available to us although, provided this after the inspection. This showed some staff training was out of date, particularly the registered manager's training. As they were assessing staff ability to perform in their roles, it was essential they remained up to date with current evidence-based practice.
- Staffing levels were low particularly at weekends. Staff were undertaking ancillary tasks in addition to care tasks. The impact of low staffing levels had not been adequately considered.

There had been a failure to consistently monitor the service to ensure the continuous and sustained improvement in care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had completed environmental and cleaning checks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives, staff and a visiting healthcare professional said they were satisfied with the management arrangements. One member of staff said the registered manager, "Has a good relationship with all the staff. I could go with anything. She is always open to constructive information she puts what we say into action. She is accommodating."
- The registered manager was on the rota to provide care and also to undertake the catering. This limited

their time to be able to undertake some of the management tasks such as continually auditing and improving the service. They recognised this and was actively recruiting staff. They said, "I want to decrease my hours. I want to do two or three hours on the care. I want to do more on the quality side."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the home and what it was like to work there
- The service sought the views of people, their relatives or carers, staff and professionals via annual questionnaires. The latest survey had been over a year ago and the registered manager said they had plans to do these more frequently and use different ways to gather feedback.
- The registered manager said people had not wanted a residents and relatives meeting but families were happy to feedback directly to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed the registered manager had appropriately submitted notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A staff meeting had been held in May 2019 and minutes taken which were shared with us. The registered manager used this as an opportunity to undertake a fire drill.
- The staff team was small, and information was shared informally and at shift handover to ensure staff were kept informed.

Working in partnership with others

- The registered manager had forged links with the local church and GP surgery.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to assess all risks to people's health and safety. Failure to ensure all risk had risk reduction plans in place to guide staff and to mitigate the risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to consistently assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to deploy sufficient numbers of staff and ensure all staff had the essential training refreshed at the required intervals.