Colleycare Limited

Ryeview Manor Care Home

Inspection report

Keep Hill Road
High Wycombe
Buckinghamshire
HP11 1DW

Tel: 01494761586
Website: www.bmcare.co.uk

Date of inspection visit:
14 July 2016
15 July 2016

Date of publication:
05 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 15 July 2016. It was an unannounced visit to the service.

We previously inspected the service on 24 and 25 June 2014. The service was not meeting all the requirements of the regulations at that time; there were concerns in relation to management of medicines, monitoring of the service, management of risk and choice of meals.

Ryeview Manor Care Home provides care for up to 94 people, some of whom have dementia. Eighty four people were living at the service at the time of our visit.

The service did not have 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 2008 and associated regulations about how the service is run. However, an application was in the process of being made to the Care Quality Commission.

We received positive feedback about the service. Comments from people included "It's nice here, I like the smiling faces," "The staff here are excellent" and "We're kept comfortable." A relative told us "I would give the staff here 10 out of 10. I can go home knowing (my family member) is being well looked after." A healthcare professional said "I think it's a wonderful local resource."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them by staff who were trained to do so.

Although there was mixed feedback about staffing levels, we found there were sufficient staff to meet people's needs at the time of our visit. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a range of social activities. Staff supported people with their healthcare needs to keep them healthy and well.

The building was well designed for its purpose. It had been well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation

plans had been written for each person, to help support them safely in the event of an emergency. Regular fire safety checks were carried out.

The service was managed well. The provider checked quality of care at the service through audits and quality assurance questionnaires. There were clear visions and values for how the service should operate and staff promoted these. For example, people told us they were treated with dignity and respect. Records were generally maintained to a good standard.

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 were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received support with their healthcare needs, to keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People were protected against the risk of unsafe record keeping.

People's needs were appropriately met because the service had effective leadership and support.

People were supported by staff who promoted the service's visions and values, such as privacy, dignity and respect.

Ryeview Manor Care 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 checked 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 14 and 15 July 2016 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor on the first day. The specialist advisor's area of expertise was the care of people with dementia. On the second day of the visit, the inspector was accompanied by 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, the provider completed 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted healthcare professionals, for example, GPs and the local authority commissioners of the service, to seek their views about people's care.

We spoke with the home's external line manager, the manager and ten staff members. We checked some of the required records. These included ten people's care plans, 38 people's medicines records, five staff recruitment files and six staff training and development files. We spoke with fourteen people who lived at the home, two relatives and a visiting healthcare professional, to seek their views about standards of care.

Good

Is the service safe?

Our findings

When we visited the service on 24 and 25 June 2014, we had concerns about the management of people's medicines. The provider sent us an action plan which outlined the measures they would put in place to improve care at Ryeview Manor Care Home.

On this occasion, we found people's medicines were managed safely. People were supported to manage their own medicines where possible. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

When we visited the service on 24 and 25 June 2014, we also had concerns about management of risk at the service. The provider sent us an action plan which outlined the measures they would put in place to improve care at Ryeview Manor Care Home.

On this occasion, we found risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and the risk of falling, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, where people needed a hoist to reposition. This ensured they were supported safely. We observed moving and handling manoeuvres, for example, staff assisted a person from a wheelchair to a dining chair. This was done to a high standard. Staff reassured and guided the person throughout the process.

People we spoke with told us they felt safe. Comments included "I feel very safe because this is a care home and they care" and "I feel safe here. I only have to pull the cord and they come."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would report any concerns about people's welfare to the manager, their head office and CQC, as examples.

People were protected against the risk of unsafe premises. The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use.

We observed there were enough staff to support people during the time we were at the service. We received mixed responses from people who lived at Ryeview Manor Care Home. Comments included "I've always thought they're short staffed," "I think they could do with more staff, they always seem very busy," "I think

there's enough staff" and "No, not always enough staff here, not all the time." When we asked if people's call bells were answered promptly, comments included "It depends how quick they come to how busy they are, but usually they come quickly" and "They come quite quickly when I use it."

Staffing levels had been determined from carrying out dependency level assessments for each person. We observed people's needs were met in a timely way with call bells answered promptly. We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The files we sampled contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

Accidents and incidents were recorded appropriately at the home. We read a sample of four recent accident and incident reports. These showed staff had taken appropriate action in response to accidents, such as falls.

Action was taken where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

People were protected from the risk of infection. People commented positively about cleanliness. For example, one person said the home was "Beautifully clean and they clean it every day." Another told us "The home is always nice and clean and they're always cleaning."

Staff used disposable gloves and aprons during the provision of personal care. Disposable aprons were also used when staff served food at meal times. The home was kept clean and odours were managed well. Clinical waste was disposed of safely. The laundry was busy but in good order. We observed one occasion where a member of staff did not carry out appropriate hand hygiene. This was during administration of medicines. The member of staff gave eye drops and medicines to one person, then they administered eye drops to a second person without washing or sanitising their hands in between. This was mentioned to the manager to follow up.

Good

Is the service effective?

Our findings

When we visited the service on 24 and 25 June 2014, we had concerns that people were not given choices at mealtimes. The provider sent us an action plan which outlined the measures they would put in place to improve care at Ryeview Manor Care Home.

On this occasion, we saw people had choices of what they could have and further options were available if needed. One person told us "Food is well cooked and there's always a choice. The salads are very good." We overheard staff when they spoke with someone who did not want a large meal at lunchtime, as their appetite was poor. Staff offered the person additional options of things they knew they usually liked. This intervention was successful and meant the person had something to eat after gentle encouragement.

People's nutritional needs were met. Care plans identified any support people needed with eating and drinking and any special requirements. The chef told us staff informed them of people's requirements and any allergies or special considerations, such as a gluten free diet. We saw mealtimes were unrushed and gave people time to enjoy their food at their own pace. Comments about food and meal provision included "They try very hard to please people. We have a choice. We get a menu on the day before. Most of it is good," "I think if I didn't like what was on the menu they would make you something else," "I'm quite happy with the food here. There's plenty of it and I get a good choice" and "The food is good." A relative said "Food is good. They spoil him with his food with two bowls of porridge and a cooked breakfast. He gets a good choice of food and they made him a really nice birthday cake."

Some people said they were not offered anything to eat between tea at 17:00 hours and breakfast the next day at 09:00 hours. We mentioned this to the manager for them to follow up. The manager told us supper was provided for people, such as hot drinks, biscuits and cake.

People's risk of malnutrition was assessed and kept under regular review. We saw dietary supplements were used where appropriate. Additional foods, such as finger foods and high calorie snacks were used to boost calorie intake where people were at risk of weight loss. Drinks were freely available. There was a coffee bar for people to use as they wished. We observed people who asked for additional drinks were provided with them promptly.

People were supported with their healthcare needs. A visiting healthcare professional told us "I've no concerns here, it's one of the better homes in High Wycombe." We looked at two surveys returned by healthcare professionals this year, as part of the provider's quality assurance systems. Both said staff were prepared for visits by healthcare professionals and were knowledgeable about people's conditions. They also felt the home cared for people well. A healthcare professional who contacted us after the inspection said they were "Always able to find staff to get a comprehensive update" about their patients. They told us "Staff develop strategies to deal with situations. They ask for help; there's a lot of joint working."

A relative told us their family member "Was on end of life in the hospital, but since he's been in here they have got him back to where he was. I'm over the moon with it here."

We saw records were maintained of when people had attended appointments or received visits from doctors, district nurses and other healthcare professionals. We read some of the entries in a staff communications book. These showed staff contacted GPs if they had concerns about people's welfare, or rang 111 for more serious matters. We saw an ambulance was called for someone who staff were concerned about whilst we were at the home.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which led to the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. This included training on dementia, effective communication, the role of the care worker and nutrition and well-being. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. Staff said a course on dementia, where they 'experienced' what it was like through role play and wearing specially adapted aids, helped them understand about people's needs better.

Staff received regular supervision from their line managers. Staff development files showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in communications books and handover records and shared with staff on the next shift. Daily notes were maintained in people's files, to log any significant events or issues so that other staff would be aware of these.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs. Bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There were passenger lifts between floors. One of these was large enough to accommodate a stretcher, if needed. There was level flooring throughout the building and around the garden, to enable people to move around safely.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home had made appropriate applications to the local authority to deprive people of their liberty and complied with any conditions. Staff received training on the MCA and DoLS as part of the provider's development programme.

Good

Is the service caring?

Our findings

We received positive feedback from people about the caring approach of staff. Comments from people who lived at the service included "They do care here," "The staff here are excellent" and "We're kept comfortable." A visiting healthcare professional told us "The carers are really caring." We read comments in a quality assurance survey which said "Staff are very kind towards residents but with a sense of fun (which is so important)." Another commented "Staff always approachable and friendly."

People told us staff were respectful towards them and treated them with dignity. Comments included "(They're) very kind and respectful towards me and they always knock on my door before they come into my room. They call me by my first name and they all know me in here," "They respect my privacy" and "The staff are very kind and respectful towards me."

Staff were knowledgeable about people's histories and what was important to them, such as family members and any hobbies or interests people had. Staff spoke with us about people in a professional manner throughout the course of our visit. Doors were closed when confidential information was being discussed, to protect people's privacy.

We observed staff in all positions engaged well with people. For example, we heard one person joked with the chef about doing keep fit at the weekends. We heard another member of staff spoke with people about wildlife which had come into their garden. They showed people pictures they had taken on their mobile telephone to illustrate this, which prompted discussion.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. For example, one person was seen to be crying. Staff approached them and asked why they were upset. They said this was because they wanted to see their husband and he had not visited. The staff member reminded the person that their husband visited the day before and would be visiting again that day for tea. The person instantly appeared reassured by this explanation. A healthcare professional told us a member of staff was "A real asset." They described how that staff member had dealt with a distressed person in a calm and reassuring way.

In another example, we heard someone shouted because they thought their wallet had been stolen. We saw the manager calmed the person and told them their relative probably had it and would bring it back to them. We found out later in the day the wallet had been located in the person's laundry and was given back to the relative when they visited that day.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. We saw number coded entry pads had been added to the doors of staff work stations, where care plans and other records were kept. This prevented unauthorised access to sensitive information.

People appeared happy and contented. We saw people had been supported to look smart and wear co-ordinated clothes. Care was taken of people's laundry.

People's visitors were free to see them as they wished and were made to feel welcome. There were several areas where people could sit and spend time with their visitors, other than their bedrooms. We saw people made use of the coffee bar and garden and made themselves drinks. This created a pleasant and relaxed atmosphere. One person said "My family visit and really like it here, we often go to the café."

People's bedrooms were personalised and decorated to their taste. People had been encouraged to bring in personal items such as pictures, photographs, plants and ornaments to make their rooms homely and comfortable.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and quality assurance surveys.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

Care plans took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. There were sections in care plans about supporting people with areas such as skin care, mobility and dexterity, physical and mental health and food and mealtimes. The care plans we read showed evidence of regular review of the changes to people's circumstances, such as their mobility. This helped ensure staff provided appropriate support to people. Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them.

People's cultural and religious needs were taken into consideration. For example, appropriate diets were provided for people in accordance with their religious needs. Staff had asked people or their family members, where appropriate, about meeting spiritual needs. One person told us "They respect my religion as I'm a Muslim and I have a prayer mat in my room."

The home had links with a local church and was supported by visiting clergy. We heard staff had requested additional support for people in response to the death of one of the residents, to help them with the grieving process.

The service supported people to take part in social activities. People told us there was a regular programme of activities. One person said "They encourage me to take part in activities, which is very good." Another person told us "I like group activities. I do exercises and I like quizzes and we go out on outings. We have a really nice priest that comes in here." Some people commented they felt there was not enough to do at weekends, one said "At weekends it's very dull."

We saw posters around the building to inform people of any activities. These included regular church services, meditation in the sensory room, arts and crafts, card and word games and a boat trip. Dolls were available in areas of the home which provided care to people with dementia. We saw people engaged in gentle armchair exercises during our visit, puzzles and also entertainment by a ballroom dancer. We saw one person engaged in arranging flowers, which they said they enjoyed.

There were procedures for making compliments and complaints about the service. We looked at how four complaints had been handled. Records showed each one had been responded to promptly. Investigations had taken place into people's concerns and a response was sent to the complainant. A 'lessons leant' section was included in the complaints record, to help improve practice. People told us they knew who to speak with if they needed to make a complaint. One person said "(I've) never made a complaint but if I did it would be to the manager." Another person said "I have made a complaint about the food here" and a third person told us "(I've) never made a complaint but if I did it would be to be one of the senior staff, if need be."

A relative told us their complaint about management of laundry had been resolved to their satisfaction.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

Staff took appropriate action when people had accidents. For example, people were checked for injury, given first aid or emergency services were contacted. We heard a member of staff contact a family member to inform them their relative had fallen. The staff member delivered this information both professionally and compassionately. It was apparent the staff member knew the family well and was heard engaged in detailed discussion about the person. The member of staff was able to inform the family that a falls assessment was being carried out and they would be informed if there would be onward referral as a result of this fall. Once off of the telephone, the staff member was able to explain to us the process of dealing with an incident and how this would be followed up.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We saw people made good use of shared areas of the home to meet with other residents and chat. People who took part in a knitting group enjoyed conversation and a sherry whilst they created wool squares for a blanket.

People said staff supported them to remain independent. Feedback from people included "They do encourage my independence but I don't need any encouragement" and "I'm a very independent lady." A relative felt their family member was supported to be independent and added "He likes his independence."

Good

Is the service well-led?

Our findings

When we visited the service on 24 and 25 June 2014, we had concerns about quality assurance systems at the service. The provider sent us an action plan which outlined the measures they would put in place to improve care at Ryeview Manor Care Home.

On this occasion, we found there were effective quality assurance systems in place. These included regular audits. For example, spot checks of mealtimes, how people were assisted to bed and staffing. Checks were also made of whether policies and procedures were put into practice, such as confidentiality.

We saw quality assurance questionnaires had been sent to healthcare professionals, residents, staff and relatives at the start of the year. We read some of the returned forms. For example, residents and relatives had rated the home either 'good' or 'excellent' when asked to comment on the 'staff service overall'. Some of the additional comments included "All the staff provide exceptional service" and "Staff are unfailingly helpful. The atmosphere at Ryeview always appears to be happy."

The service did not have a registered manager in place. The new manager was in the process of applying to become registered. Prior to their employment, the home's external line manager had submitted an application to become registered themselves. We were therefore satisfied the provider had taken reasonable steps to ensure they met the conditions of registration.

We received positive feedback about management of the home. One of the relatives we spoke with told us there had been improvements since changes in management. Another relative told us "I think they're doing a good job… they're very approachable." Staff said they felt they could approach the manager. They told us they felt supported and were given ample opportunity to progress. Staff stated they received regular supervision and enjoyed working at the home. A healthcare professional said "The new manager is very friendly. I see them on the unit (dementia care) quite a lot. They seem quite hands-on, such as giving drinks to people." They went on to say "I think it's a wonderful local resource." Comments from people who lived at the service included "I can always talk to the manager, they're really good and they run the home really well," "I think (the manager) does a good job" and "(The manager) comes and sees us every day and I can talk to them."

The service had a statement about the vision and values it promoted. It included values such as choice, privacy and dignity. Throughout our inspection, we found staff were promoting these values in the way they provided care to people. For example, in how they spoke with people and sought their opinions. The home had signed up the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The home had pledged to train and support staff, for example, to ensure people were provided with good quality care.

Staff were open about reporting any mistakes that had occurred, such as medicines errors. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse.

Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

The service had links with the local community. For example, work was in progress by students and teachers from a college. They were creating artwork in areas of the home which supported people with dementia. The registered manager told us the service had also held a 'dementia café', to support people in the community and their carers.

Records were stored securely and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, missing persons, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

We found staff employment files did not contain a recent photograph of the member of staff, as required. The manager said they would attend to this, to complete the files.

It was unclear from records at the home how long staff spent covering their induction before it was formally signed off by a senior member of staff and the Care Certificate awarded. For example, only a few areas were signed off in the induction booklets for a member of staff who started in January this year and another worker who started in February. We could see in both cases these staff had attended training and were being developed in their roles. We spoke with the manager who thought a three month induction period applied. They agreed to look into ensuring induction was formally signed off as promptly as possible.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to show they had met this requirement through notifications sent to us.