

Ryefield Court Care Limited

Ryefield Court

Inspection report

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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

Ryefield Court is a residential care home providing personal care to people aged 65 and over. The home can accommodate up to 60 people in one adapted building over three floors, each of which have separate adapted facilities. The second floor specialises in providing care to people living with dementia. At the time of the inspection there were 51 people living at the home.

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

During the inspection we found records were not always contemporaneous, which may have resulted in staff not having the most up to date information on people's needs and how to care for them. We also saw examples of medicines not being managed safely which included instructions for administration that were not clear and opening dates not recorded. The home environment was not always safe or dementia friendly. We observed examples of care that were not person centred which meant people were not always being cared for in a way that met their individual needs.

We also recommended the provider ensure there are a range of activities that meet the needs of all people using the service.

Notwithstanding some of our findings and observations, relatives consistently told us people were cared for by kind and supportive staff who knew the needs of the people they cared for well. People were involved in making decisions about their day to day care and their opinions were listened to.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place. Staff followed appropriate infection control practices to prevent cross infection.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their jobs effectively and safely. People's needs were regularly assessed to ensure these could be met. People were supported to maintain healthy lives and access healthcare services appropriately. People were also 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; the policies and systems in the service supported this practice.

Care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs. There were various activities on offer and families were welcomed to the home. There was a complaints procedure in place and the provider responded to complaints appropriately.

People using the service and staff reported the registered manager was approachable and all stakeholders said the home was well led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (published 17 January 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care, person centred care, premises and equipment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 ●

Ryefield Court

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 conducted by two inspectors, a nurse specialist advisor and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ryefield Court 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 the inspection

We reviewed information we had received about the service since the last inspection. This included the last inspection report and notifications received from the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, care staff domestic and kitchen staff. We also spoke with three visiting healthcare professionals. We observed people's interactions with staff. We reviewed a range of records. These included people's care records and medicines records. We looked at 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 the inspection

We continued to seek clarification from the provider to validate evidence found.

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

At our last inspection we found the provider's systems were not always effective in identifying risks and where risks were identified, control measures were not always adequate or not followed to manage the risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- During the inspection we found one person had sleep apnoea but there was not a risk management plan to manage this safely. Additionally, staff told us the person managed their breathing device themselves including disinfecting, but this was not recorded in the care plan.
- We saw Waterlow assessments were undertaken. However risk assessments mentioned skin integrity checks were to be carried out but these were not always recorded on the Activity of Daily Living (ADL) forms or on the daily records when staff provided personal care or checked incontinence aids. This meant there was not a clear record of skin integrity checks that could be used for monitoring and making appropriate adjustments as required.
- We also saw repositioning charts were not always being completed in a timely manner causing gaps in the records which meant we could not be sure people were being repositioned as required to maintain their wellbeing. The provider acted to remedy this after it was brought to their attention.
- Personal emergency evacuation plans (PEEPs) on the IT system provided guidelines for how each person should be evacuated and what assistance was required to ensure people could evacuate safely in an emergency. However, in the folder that contained all people's PEEPs and would be used in the event of an emergency, 43 out of 51 people had moving and handling risk assessments instead of PEEPs, which meant professionals such as fire crews would not have had all the necessary information to hand about how to evacuate people. The registered manager said this had been an error and said they would update the file to ensure it contained everyone's PEEPs.
- Maintenance and cleaning checks were up to date. The provider also had checks to help ensure the environment was safe and well maintained which included environmental risk assessments, fire safety checks and equipment checks. However, on the first morning we saw in the dining room on the second floor, where everyone was living with the experience of dementia, an unlocked kitchen cupboard containing two bottles of washing up liquid, disinfectant spray, dishwasher tablets, air freshener and fabric refresher spray and during the time of our observation staff could not find the key for the cupboard to lock it. This meant

people were at risk of accessing cleaning materials that could harm them. We saw in one of the provider's assessment tools dated 17 October 2019 it was recorded, 'COSHH cupboard in second floor kitchenette often unlocked' indicating the provider was already aware of the problem but had not addressed this issue successfully.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans which were updated monthly. We understood from the provider that risk assessments and risk management plans were kept on the electronic system, icare. However, during the inspection two of the inspection team members did not see the risk management plans for specific conditions that they were looking for on icare. After the inspection, the registered manager told us that paper copies were available at the staff work stations. We requested copies be sent to us as evidence and we were advised they could not be found and we needed to wait for the registered manager who was on leave to locate them. The registered manager sent us printed risk management plans for November and December 2019. The original staff member we spoke with confirmed that the current risk management plans for January 2020 had been uploaded onto icare and therefore the information on the system was current.

Using medicines safely

At our last inspection we found the management of medicines was not always carried out as safely as possible and infection control was not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- It was identified in April 2019 that one person, was at risk of choking, was having difficulties swallowing their tablets and was holding them in their mouth for an extended period of time. We did not see evidence of a review to identify appropriate means to help the person with their medicines such as if any medicines could be crushed or provided in liquid form to reduce the risk of the person choking.
- Two bottles of liquid medicines were found to be in use but the date they were opened had not been recorded on the MAR chart or on the bottle. This meant the staff could not ensure the medicines being used according to manufacturers' instructions or were disposed of in line with guidance.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed medicines training annually and undertook competency testing to ensure they had the skills required to administer medicines safely.
- The provider used EMAR which managed, recorded and monitored medicines administration. Staff followed the guidance in place for managing as required (PRN) medicines.
- Medicines, including controlled drugs, were stored securely. Medicines stocks we counted reconciled with the EMARs which indicated people were receiving their medicines as prescribed. If a medicine was refused or

omitted, a reason was given and marked on the administration page.

Preventing and controlling infection

At our last inspection we found infection control was not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 for infection control.

- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. Staff had attended training on infection control.
- We saw checks completed to ensure a clean and safe environment.
- Staff wore protective personal equipment such as gloves and aprons to help prevent cross infection

Staffing and recruitment

- The provider used a dependency tool to determine staffing arrangements for the service. However, four out of five people's comments showed they were not always satisfied about the staffing arrangements. One person said, "There doesn't seem to be enough people. There's a terrible delay in the morning. They're so busy. They never come back when they say they will" and a relative commented, "The place has cut down on staff and there doesn't seem to be as much care." However, one person said, "People come quickly if I need attention."
- Staff records we viewed showed safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people.

Learning lessons when things go wrong

- Incident and accident records we viewed recorded the actions taken and care plans were updated accordingly to reduce the risk of re-occurrence. The provider was also completing an analysis of falls which recorded common themes to falls and who had repeated falls as part of the provider's falls prevention strategy to reduce the number of falls in the home. This was reviewed and monitored by the registered manager who shared relevant information with the team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and told us they felt safe. people said, "I feel completely safe. I can go outside if I want to. I like the environment" and "I feel absolutely safe. We have bells and the fire drills are good. All the seniors and the carers are really good and they treat me very well." Relatives told us, "There's an alarm in their room and they usually come quickly if [person] calls", "[Person] is very safe. They're looked after from morning to night", "[Person] is very safe. They can't get off their floor due to the strict lift and door security",
- The provider had policies and procedures for safeguarding and whistleblowing. Staff had relevant training and knew how to raise any safeguarding concerns.
- The registered manager had raised safeguarding concerns appropriately with the local authority and CQC and kept a log of safeguarding incidents with investigations and actions.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended that the provider seek and implement national guidance in relation to providing a dementia friendly environment. Not enough improvement had been made at this inspection.

- The second floor was exclusively for the use of people living with dementia but was not a dementia friendly environment. Corridors all looked the same without clear reference points or signage. For example, except for one person who had a photograph of themselves on their bedroom door, bedroom doors only had numbers and a written name on them to identify whose room it was. Communal toilets and bathrooms had word signs without any other visual cues as to what was behind the door which meant if people could not read what was on the door, they might not know what was behind it. This was not in line with national guidance such as The Department of Health and Social Care guidance.
- Activities lists in communal areas to alert people what activities were available, were in small writing and lacked visual cues which meant not everyone could read them. Similarly, menus on tables were also in printed format without visual cues. This meant people who could not read these were reliant on staff explaining the menu options with show plates from the menu at mealtimes.
- We did not see any sensory activities that people could initiate themselves which meant people were reliant on activity staff. An external person came in to reminisce with people, however, most people did not have their own individual reminiscence information such as a book or box with information and objects that were specifically meaningful to them.
- The provider had undertaken an exercise in dementia mapping over the course of two weeks in October 2019. They had used an assessment tool produced by the King's Fund which gave the provider the opportunity to observe and record how dementia friendly the home's environment was. The assessment tool recorded a number of positives about the home's environment but also included areas on the second floor that required further improvement to make the environment more dementia friendly. These were similar to the areas identified during the inspection. Notes included, 'In the corridors on the second floor, there was no points of interest on tables...', 'Some residents were not able to recognise whether the toilets were. Each toilet has ...a text sign...If you are not able to read text, you are reliant on knowing from memory... Consideration should be given to improving orientation... '[Signs] for people's bedrooms are placed high. Many residents with poor posture or in a wheelchair wouldn't be able to read them at their height. One resident had a picture on the door. This was the only one in the home...Personalising doors / rooms or memory boxes. Pictures and objects were not used around the house and in particular the areas on the second floor did not support people to find their way, other than a sign by the lift with a large number

two on it...'

- Following on from the assessment, the provider completed an action plan which was dated 25 November 2019. The action plan included recommendations such as, 'In house activities to be reviewed to ensure they encourage participation and inclusion for all residents living with dementia by holding weekly meetings with the carers, activities and deputy manager' and 'Events Team to schedule 1:1 activity with resident who do not participate in group activities, a structured timetable for events team to allow this', both to begin on 2 December 2019.
- The recommendation by CQC for a more dementia friendly home was made to the provider after the November 2018 inspection which meant it had been nearly a year since the last inspection before the provider undertook this particular audit and had only begun to implement it in December 2019, so it was not embedded in the service delivery.

The home was not always dementia friendly and therefore not always suitable to meet the needs of all people, in particular those living with dementia. This was in breach of Regulation 15 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

- The home was over three floors accessed by a lift with a code. The building was equipped with handrails in corridors which were wide, well-lit and hazard free. The ground floor had various communal rooms that people and people in their networks could access including a bistro, activity room, library, hairdresser, cinema room and fine dining room.
- On 30 August 2019, the provider undertook an exercise to identify person centred aids and ideas for people living with the experience of dementia on the second floor. Some of the ideas identified were implemented but not all were. For example, a second person was identified who would benefit from a photo on their door but there was only one person on the second floor with a photo on their door. The exercise would have benefited from an action plan.
- Ideas that we did see implemented included one person having a large toy dog to look after and putting a large number two opposite the lift doors so people knew what floor they were on. One person had a photo on their bedroom door so they could more easily identify it and fluorescent footprints in their bedroom leading to their ensuite toilet which was raised and painted a distinct colour as a visual clue to what it was. Another person had a baby doll to address their need to know where their 'baby' was.
- The events manager was identified as a dementia champion to promote best practice for staff caring for people living with the experience of dementia.

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

- Where required, people's food and fluid intake were monitored, and people were weighed monthly. However, although staff had hand held devices for record keeping, records around people's eating and drinking were not always contemporaneous. We saw several fluid charts that had not been completed since the previous day. We also found that people on meal replacement drinks did not always have a care plan to provide staff with guidance about the person's needs. However, most people were supported to maintain good nutrition and had a diet that met their needs.
- We observed lunch being served and saw people were asked what they would like before being served. People told us, "The food here has deteriorated. The menu is boring. For example, we might have roast lamb, which is tough, and roast potatoes you can't cut", "The food is nice but I can take it or leave it. It's prepared well but it doesn't inspire me" and "The food is excellent. There's a good choice. I'm a picky eater but there's always something I like. You can always get food from the bar." Relatives were more consistently positive and said, "[Person] loves the food. It is actually very good. We've done the fine dining thing. [Person] can always have something off the daily menu or from the bistro. They will make them what they want."

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance. Assessed needs included physical and mental health needs and people's wishes and preferences. People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's cultural and religious needs.
- People, and where appropriate relatives, were involved in pre-admission assessments and these were used to form the basis of the care plan. This helped to ensure that staff had the information to plan the care people needed around their needs.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to effectively deliver care and support.
- Staff were supported to keep their professional practice and knowledge updated in line with best practice through training, supervisions, annual appraisals and competency testing to ensure they had the appropriate skills to care for people.
- Senior staff had clinical flash meetings and staff took part in daily handovers and so they had up to date information on people's current needs and the support they required. The provider also held team meetings for staff which provided an opportunity for staff to reflect on their practice and raise any issues.
- Staff said they felt supported by the registered manager. One care worker told us, "[Senior staff] help you every step of the way. It's nice to have a manager you can speak your mind with."

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence in people's records of working together to provide effective care. Care plans indicated that the GP, district nurse, physiotherapist and dietician were involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by a range of healthcare professionals. A GP visited the home weekly. People's care records showed that they were supported with their healthcare needs as required. Staff made referrals according to people's needs. For example, we saw that people were seen by the district nurse and speech and language therapist.
- People and their relatives were satisfied with the support they received to access healthcare. Comments included, "I've just seen a dentist that comes to the home and they did a check-up", "They seem to react to any medical problems quickly and will go with [person] to hospital" and "I think [person] is very safe and well looked after here. The staff take [person] to the hospital when necessary and for GP visits."
- Healthcare professionals told us people always seem happy and staff follow advice. They also noted communication had improved with the new registered manager.

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.

- People who were able to, signed their care plans to indicate their consent to the care provided. Where people were not able to give consent, appropriate mental capacity assessments had been completed and best interests decisions were recorded.
- Where there were restrictions on people's liberty such as with the use of bed rails, appropriate assessments were in place to either show that the person had consented to these or that relatives have been involved in making a decision in the best interests of the person. The exception was for one person who was using a sensor mat to alert people to their movement and was therefore a restrictive measure. The person was not able to make a decision about using the mat and best interests decision had not been made on their behalf regarding the sensor mat. The provider assured us they would address this.
- Where there were restrictions on people that could have amounted to a deprivation of liberty appropriate applications were made for DoLS authorisations.

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 has 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

- We witnessed examples where staff did not interact with people in a caring or respectful way. During an observed lunch, we saw a person pushing the plate away. The staff member sitting with the person told the person they would like the meal and then put food in the person's mouth. The staff member did not offer the person any other options and although the care plan indicated the person could eat independently, the staff member tried to feed the person. In a second incident, an inspector thanked a person for allowing the inspector into their room. A staff member who heard this said to the inspector there was no point in talking to the person as they could not speak. We informed the provider who took appropriate steps and began disciplinary procedures.
- On the second day of the inspection, we saw a person who was distressed and walking around a communal area. They wanted to use the phone and a staff member supported the person to do this but did not tell them what they were doing. When the person did get to speak on the phone, in a communal area which was not private, they appeared to be struggling to hear as the entertainment was quite loud. However, we did not observe staff providing support so the person could hear better, for example by suggesting a quieter area to talk in.

Staff interactions with people were not always person centred so that they met people's individual needs. This was in breach of Regulation 9 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

- Notwithstanding the above, we also observed positive staff interactions with people. Relatives told us, "The staff know how to look after people and they understand their little foibles. They have something called a 'wish list' for people and sometimes it actually happens", "I can't speak too highly of them. They're very caring", "The staff all engage with [person] well and are very caring. We've always been very impressed" and "[Person] is very happy here. The staff get their sense of humour. They stop and chat and treat [person] like their own family. It's a real community here."
- One staff member told us how they supported a visually impaired person by describing their clothes before they got dressed and describing what the food looked like. They were conscious of the need to speak with the person directly in front of them and to have one to one meetings in a quiet room.
- Care plans recorded people's activities interests, social and cultural needs and provided staff with guidance about how to support people in these areas.
- Life stories were completed by staff after people moved to the home. They provided information about people's backgrounds so staff had a context when engaging with people.

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

- People were involved in day to day decisions about planning their care. For example, during mealtimes we saw people being offered a choice of what they would like to eat and drink. Examples people and relatives gave us of choices included, "They don't try to get me up early", "[Person] can go to bed when they want", and "[Person] is able to take communion once a month."
- A record of people consenting to their care plan was recorded when people initially moved in, but it was not always clear people had consented to their care plan reviews after that. However, some people and their relatives were offered the opportunity to contribute to their review. Comments included, ""There's no care plan I'm aware of and I've not been invited to any formal reviews", "I have a care plan but they don't initiate any reviews or feedback", "I'm not aware of any formal care reviews" and "The care plan is reviewed regularly and I can ask for it to be reviewed at any point."
- People and relatives had the opportunity to attend resident and relatives' meetings and feedback to the provider.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said people were treated with respect. Comments included, "Your privacy is respected. If a male carer knocks on the door and you don't answer, they will wait at the door and not enter" and "They treat [person] like an individual. They're very respectful, they're very approachable and [person] is very happy."
- People's independence was promoted and encouraged according to their abilities. For example, people were encouraged to walk when they were able and they could access the bistro to have meals when they wanted to.

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 remained the same. This meant people's needs were not always met.

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

At our last inspection we found people were being gotten up early in the morning without reason. Additionally, in some instances we did not see individualised care plans to address pain management. This demonstrated the provider did not always ensure that people received person centred care that met their needs. This was in breach of Regulation 9 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

We did not find people being got up too early a concern during this inspection and the registered manager told us they often arrived at 6am to meet with the night staff. However, some people still lacked individualised care plans to address pain management. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The staff did not always provide personalised care which met people's needs. As at the previous inspection, we found that care plans were not always individualised to address pain management and that pain charts were not used to show how people's pain was managed. At this inspection we saw some people had a care plan for pain management, however one person we saw did not, and when we asked staff how they assessed if a person was in pain, they said they observed and asked the person. This meant staff may not always identify when the person was in pain.
- Further examples of care not being personalised to meet people's individual needs included one person whose care records indicated they required repositioning every two hours and the physiotherapist had advised they be placed in bed for two hours after lunch. However, the records showed gaps and the guidance around being placed in bed was not recorded in the care plan for skin integrity or mobility or sleep.
- The safe environment care plan for one person indicated they should be prompted towards exit doors with two staff to help them walk but was not consistent as it also indicated the person could not walk independently and required a full body hoist.
- One person's care plan stated they were at risk of malnutrition and required a food intake chart was to be completed. Food charts for 28 November to 3 December 2019 recorded only one bowl of cornflakes and a banana and there was no guidance in the care plan around how to support the person with eating if they were not. We brought this to the attention of the registered manager who advised the person often ate in the bistro instead of the dining room and the person had been referred to the dietician on the 1 December 2019 due to lack of eating.
- Progress notes were not written in a person centred way and limited with regard to information about the

person and their experiences. Phrases such as, '[Person] is very stubborn. Would not allow help', 'Toilet and back to bed' and 'Awake and wandering' were used. This meant there was not context for people's responses and no indication as to how they were feeling. Recording only tasks meant it was not clear if the care plans had been fully implemented.

- There were no activities in the lounges people could choose to do. They were dependent on staff providing activities and we could not see how this linked to people's individual needs. We were told people could use electronic tablets for reminiscence purposes but staff told us there were no tablets only staff phones which people used to look at pictures and information with people.

The above shows that the provider did not always ensure that people received person centred care that met their needs. This was a repeated breach of Regulation 9 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

- Notwithstanding the above, staff were aware of people's needs and offered them choice. Care plans recorded people's needs and preferences and provided guidelines for how to support and care for people. For example, with their mobility needs and oral healthcare.

End of life care and support

At our last inspection we found some people's care plans we viewed did not have completed assessments or care plans in place to address their end of life care needs and their wishes for the future. This was in breach of Regulation 9 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

Enough improvement had been made at this regarding end of life care and support since the last inspection.

- End of life care plans were completed. Most identified if people wanted to remain in the home at end of their life, if they had funeral plan details and family members to be contacted.

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

- There were a number of activities in the home but they did not always meet the needs of the people living in the home. For example, we saw four people sitting in the first floor lounge. A staff member came in and asked the people to move so they could set up a skittles game. They played this for ten minutes and then brought another game which required the ladies to move again. Another staff member came in and said the room was going to be used for dancing. The people had to stop playing the game and move again to make way for the dancing activity. A couple of the people who were already playing with the games said they were not interested in the dancing but staff encouraged them to attend the dancing instead of the games telling people they would like it.

- On the second floor, a children's choir sang to people in the dining room during lunch. However, we did not see that people were given notice of this and some people had left the dining room before the choir started. Most people were very happy with the choir but one person was not, and as the choir had come into the dining room during lunch, the person had not been given a choice in advance of whether or not they wished to hear the choir.

- Activities were mainly group activities and we saw little evidence of meaningful activities for people who did not want to join in the arranged group activities. A relative said, "They do have poetry readings and exercise classes upstairs but my biggest nightmare is going up to that floor (second) where they just seem to sit or sleep. It's like God's waiting room. Sometimes they put on a DVD and [person] will sing along and they occasionally run a quiz up there."

We recommend the provider ensure there are a range of activities that meet the needs of all people using the service.

- Notwithstanding the above, people were supported to take part in activities in and out of the home. People and relatives told us, "They try with the activities and (Event Manager) works very hard to get entertainment for us all – quizzes, children singing. There's something on Thursday and Monday evenings but weekends can be very quiet.", "We don't have many outings because they're short on carers", "They have lots of activities every day such as cooking, flower arranging, craft and exercise. There was one [person] loved called 'Memory Street' where they were invited to reminisce, using old photos of an old fashioned High Street but I'm not sure if that still happens", "[Person] goes on outings. They went to a museum in Notting Hill recently, with war time exhibits, and they go out for afternoon tea. This seems to be quite regular" and "They had a session where animals were brought in which [person] loved."
- The atmosphere on the ground floor, in the bar area was lively. There were a lot of more able people engaged in conversation, especially later in the day. The registered manager and staff chatted briefly to people and their relatives when passing through.
- Community connections included Age UK holding meetings in the home and Ryefield staff attending a day service meetings. Relatives said, "They have an event some nights where they invite members of the community in and have coffee mornings likewise on Tuesdays. Visitors can come when they like, have a meal. It's all free."

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.

- During the inspection we found one person's care plan stated staff should use communication cards and write questions for them in large print. Two staff told us they were not aware of the communication cards and a third staff member of staff said there was no need to communication aids as the person just required time to respond in a conversation. When we told senior managers the care plan did not reflect the reality, it was stated to us in an email, 'All 50 residents have a communication care plan. Staff have found effective ways of communicating with the resident who used to use flash cards and the care plan has now been updated to reflect this. We sample care plans to check that communication care plans are accurate such as the wearing of spectacles and resident preferences.
- We did not see any easy read information for people and almost all signs, as noted in the provider's audit, were in writing with no signs or symbols used where people might have difficulty to read. Much of the information such as menus and activity schedules were in small print and therefore not accessible to everyone using the service.
- People's communication needs were assessed, for example if they required glasses or a hearing aid, and this was recorded in their care plans.
- There were staff who could communicate with people in their own language.

Improving care quality in response to complaints or concerns

- The provider had information on how to complain in the service user guide and throughout the building, although this was not provided in alternative formats such as large print or easy read to make it more accessible to all people using the service.
- People and their relatives knew who to speak with if they wanted to raise a concern. They told us, "I raised a complaint about an uncaring night carer. They were very offhand. I spoke to a senior and I've not seen them since", "We don't have any issues but it can be hard finding out email addresses and knowing who to

contact about what. I'm not aware of a complaints process but it may be in the pack we received and I just haven't read it" and ""We have no issues or complaints but I would be very comfortable to speak to the manager on the floor. Otherwise I would go to [the registered manager or deputy manager] or even the owner, who gave me their mobile number."

- We reviewed the complaints received by the service and found the registered manager had responded appropriately by investigating and acting in line with their complaints policy and procedure. Complaint forms recorded the incident, the response date, the action taken and learning outcomes and was signed by the registered manager.

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 our last inspection we found the provider's quality assurance systems were not always effective. This was because they had not identified the areas of poor practice we had identified at the inspection, including people being gotten up at an early hour without a valid reason and concerns around infection control and medicines management. This was a breach of Regulation 17 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager undertook a number of checks and audits and kept a data base of checks completed with scores. Audits included a monthly Non Executive Directors visit which was an overview of service delivery and an action plan, medicines and mealtime audits.
- The care plan audit being used stated 'each resident has..' but not every person's file had been looked at each time the audit was undertaken. However, we saw the deputy manager had recently begun looking at a random sample of three people's files per week to complete a more detailed audit.
- A home falls audit and analysis was completed monthly.
- A dementia audit with an action plan dated November 2019 had been undertaken.
- Notwithstanding the above, during this inspection we identified shortfalls which included, care plan information was not always reflected in risk management plans to minimise risk and provide guidance to staff. The provider was aware of the issue of the unlocked cupboard on the second floor but had not been able to successfully address the issue as we also observed the cupboard unlocked with cleaning materials in it. The environment was not always dementia friendly and care was not always personalised to meet people's needs.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives were generally satisfied with the service they received. The registered manager had been at the service for less than a year. People and their relatives told us they did not really know the manager yet but the home was well run. Comments included, "I don't really know the manager. Things seem well organised", "[Registered manager] is very approachable, everyone is". "I think it's well run. I knew the previous manager but don't know the current one, nor the deputy. I do know the team leader and she is very good" and "The manager seems very nice and quite helpful."
- Staff indicated there had been a settling in period but felt things had improved and that they could approach the registered manager. Staff told us, "[Registered manager] is lovely. Down to earth and easy to talk to. She's trying her hardest" and "The managers are lovely. They are really good. They know the service."

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

- The registered manager understood their responsibilities regarding duty of candour. They had policies and procedures in place and responded appropriately when something went wrong, for example to complaints.
- People and their relatives knew who to speak with if they had any concerns, so these could be addressed.

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

- There was a registered manager in post and a written structure for allocating staff duties. Staff undertook shift handovers to help ensure relevant up to date information about people was shared so staff had the information they required to provide effective care.
- Most staff felt they could raise concerns with the registered manager and overall there was good communication within the staff team.
- The registered manager notified us of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.
- The registered manager kept up to date with good practice and attended the local authority's provider forum.

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

- People and staff were engaged in how the service was run. People attended regular forum meetings, chaired by a resident, about the care provided and contributed their views on the care they received.
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- Satisfaction surveys were last completed in September 2019. The feedback was all rated 'good' to 'excellent'.
- The home was engaged in a number of community events including visits from school children and visits from priests. Twelve local people considered to be isolated had been invited to have lunch at the home in December 2019.

Working in partnership with others

- The registered manager was involved in networking and liaising with other organisations to improve service delivery.
- We saw evidence the provider worked with other professionals including the GP, dentist, physiotherapists, dietician, speech and language therapists and palliative care nurse.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.
- Families regularly visited and maintained good communication with the staff.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not always ensured that the care planned and provided to service users was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9(1)(a)(b)(c)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not always ensured that the premises and equipment used by the provider was suitable for the purpose for which they are being used.</p> <p>Regulation 15(1)(c)</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that all risks to the health and safety of service users of receiving care and treatment were appropriately assessed. They had also not done all that was reasonably practicable to mitigate such risks.</p> <p>Regulation 12(1)(a)(b)(d)(h)</p> |

The enforcement action we took:

We issued warning notice for the provider to be compliant by 16 March 2020.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(a)(b)</p> |

The enforcement action we took:

We issued warning notice for the provider to be compliant by 16 March 2020