

Ryding Care Services Limited

The Court

Inspection report

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Hoyle
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Tel: 01516322220

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Court is a residential 'care home' providing accommodation and personal care to 17 people aged 65 and over. At the time of the inspection six people were living at the home.

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

People's level of risk and areas of support were appropriately assessed; relevant support measures were put in place meaning people received the required level of care.

Risk assessments and care plans contained detailed, consistent and up to date information for staff to familiarise themselves with people's needs. People received a consistent level of care by staff who were familiar with their support needs.

Medication processes and procedures were safely in place. Staff received medication administration training and complied with medication policies and protocols that were in place.

Safe recruitment procedures were in place. The provider followed 'safe' recruitment practices meaning that people received safe, effective and compassionate care by staff who were able to work in health and social care environments.

Staff told us they received an effective level of support from the management team. Staff received regular supervision, were supported to complete the required training courses and received day to day support accordingly.

People were supported to maintain maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Infection prevention control procedures were in place. The registered manager and staff followed COVID-19 advice and guidance to minimise the risk of the spread of infection. Control measures, policies and procedures were rigorously followed, and the environment was safe, clean and well maintained.

Governance procedures had improved. Effective systems and processes were used to monitor, assess and improve the quality and safety of care people received.

Rating at last inspection and update:

The last rating for this service was inadequate (published 6 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection, which identified the improvements they would make and when actions would be completed. At this inspection we found improvements had been made.

During this inspection the provider demonstrated that improvements have been made and the service was no longer rated as 'inadequate' overall, however improvements are still required.

This service has been in 'Special Measures' since November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as 'inadequate' overall or in any of the key questions. Therefore, this service is no longer in 'Special Measures'.

Why we inspected

A decision was made for us to inspect and follow up on the actions taken following the last inspection. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the 'Safe', 'Effective' and 'Well-led' domains. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the 'Caring' and 'Responsive' key questions were not looked at during this visit.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

The overall rating for the service has changed from 'inadequate' to 'requires improvement'. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

We will also 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 well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

The 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 carried out by two inspectors.

Service and service type

The Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

We gave 24 hours' notice of the inspection because infection prevention control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of COVID-19.

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 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 and formulate a 'planning tool'.

During the inspection

We were unable to speak to people living at the service, however we did speak with two relatives about their experiences of the care provided, two members of staff as well as the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. Records included two people's care records and several medication administration records, two staff personnel files in relation to recruitment and staff supervision. As well as a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit data, and infection prevention control measures that were in place.

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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. Although we received assurances that people were safe and protected from harm, we need assurances that safe care is being delivered over a longer period of time. We will check this during our next planned comprehensive inspection.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider failed to robustly assess people's risks relating to the health safety and welfare and were not complying with medication administration policies. 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.

- Individual support needs and areas of risk were appropriately assessed and clearly documented in people's care files. Staff received up to date and consistent information to enable them to provide a safe level of care.
- Accessible call bells were available in people's bedrooms and communal areas. Safety measures were in place for people unable to use a call bell.
- Relevant fire safety and risk management procedures were in place and all regulatory compliance safety certificates were in date.
- Medication management procedures were safely followed. Medicines were safely stored, administered and disposed of in accordance with medication policies and procedures.
- Medication risk assessments were completed and provided staff with guidance on how to safely support people with their medicines.
- Documentation was completed for the use of topical medications (creams) and 'as and when' medicines. The documents were regularly reviewed and updated.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

At our last inspection the provider failed to safeguard people from the risk of abuse and did not learn from mistakes that occurred. 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.

- Safeguarding and whistleblowing procedures were in place. Staff knew how to report any safeguarding

concerns, who to report concerns to and the importance of keeping people safe.

- Safeguarding incidents were appropriately reported to the local authority and CQC.
- Staff and relatives all expressed that safe care and support was provided. One relative said, "Very good care, staff know all residents well and we've never had any concerns."
- Accident and incidents were clearly recorded. Staff completed relevant documentation and identified the support measures that were implemented as a measure of safety.
- The registered manager routinely monitored accidents and incidents to establish if any trends were emerging and if further support measures needed to be put in place to reduce further occurrences.

Staffing and recruitment

At our last inspection we found that safe recruitment procedures were not in place. The provider did not ensure that 'fit and proper persons' were employed. This was a breach of regulation 19 (Fit and Proper Persons) 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 19.

- Staff personnel files contained the required information which showed 'fit and proper persons' were employed.
- Suitable references were obtained, and Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service.
- Staffing levels were safely monitored; people received care and support from a consistent staff team who were familiar with their support needs. A relative told us, "There's always loads of staff."

Preventing and controlling infection

- The environment was visibly clean, and robust infection prevention control procedures (IPC) including those relating to COVID-19 were in place.
- Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely.
- Extra cleaning schedules had been implemented during the COVID-19 pandemic; monthly audits and checks were in place to monitor and manage the infection risks within the home.

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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. This meant the effectiveness of people's care, treatment and support had improved but we need assurances that good outcomes are achieved over a longer period of time. We will check this at our next comprehensive inspection.

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.

At our last inspection, the provider was not complying with the principles of the MCA (2005). This was a breach of Regulation 11 (Need for Consent) 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 11.

- The provider was complying with the principles of the MCA (2005). Individually tailored capacity assessments had been completed for a range of different decisions that needed to be made.
- Best interest decisions were made, people were not unlawfully restricted, and measures were in place to ensure people received the safest level of care in the least restrictive way possible.
- Care files contained the relevant level of information in relation to people's mental health support needs.

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

At our last inspection, there were ineffective governance measures in place to ensure people received the quality and safety of care they needed. This was a breach of Regulation 17 (Good Governance) 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 17.

- People's support needs and areas of risk were appropriately assessed and monitored. Care files contained relevant and consistent information about their needs and how they were to be met.
- Care plans and risk assessments contained up to date information including information provided by external health and social care professionals.
- Relevant application forms had been submitted to the local authority and best interest decisions were clearly documented.

Staff support: induction, training, skills and experience

At our last inspection, staff had not received suitable support in relation to training or supervision. This was a breach of Regulation 18 (Staffing) 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 18.

- Staff received regular supervision and told us they received support on a day to day basis from the management team. One staff member said, "Training is up to date and we receive regular supervision, [manager] is great, really supportive."
- Staff were supported to complete the required training for their role. Training compliance had been met and all staff were encouraged to develop the essential skills and knowledge to provide the required level of care people needed.
- Relatives felt staff were well-equipped to provide the level of care people needed. Comments we received included, "All staff are really, really skilled, staff understand [person] and know [person] well" and "It's very good care, I'm really reassured [person] is living there".

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

At our last inspection, the provider did not have effective systems in place to ensure nutrition and hydration support needs were effectively supported. 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.

- People's nutrition and hydration support needs had been appropriately assessed, measures were in place to manage risk and individual dietary requirements were catered for.
- Food and drink records were regularly completed; these records helped to review and assess people's dietary intake and if any risks were emerging.
- People's weights were consistently monitored and reviewed. When necessary, referrals to the dietetic services were made and guidance was followed up on by staff.
- Nutritional care plans and risk assessments were appropriately in place; these contained relevant information, support needs and areas of risk staff needed to be familiar with.

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

- The home was well maintained, designed and adapted to meet people's needs.
- The environment had a homely and inviting feel and was adapted to support people living with dementia. There was clear signage throughout the home and adequate lighting so people could easily and safely move around.
- Bedrooms were designed and decorated to meet people's personal taste and preference.
- The home had undergone an extensive refurbishment following the last inspection. This included the refurbishment of a communal area, this area contained a variety of activity material which helped people to engage, interact and feel stimulated.

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

- People received support from a range of different health and social care professionals who helped provide a holistic level of care.
- Professional advice and guidance were clearly documented in people's care files; staff were able to consult and follow the advice given as a measure of providing effective care and treatment and mitigating risk.

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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. This meant the service management and leadership had improved but we need assurances that the service is 'well-led' over a longer period of time. We will check this at our next comprehensive inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, governance assurance measures and processes were not effectively in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management roles and responsibilities were clearly defined, staff knew who to escalate their concerns to and all employees understood the importance of keeping people safe and effectively managing risk.
- The registered manager was aware of their responsibilities, the importance of complying with registration requirements and demonstrated sufficient knowledge and understanding of her legal and regulatory duties.
- There were clear systems and processes in place to assess and monitor the provision of care being delivered.
- Care plans and risk assessments had all been reviewed and updated. Care files contained thorough, consistent and relevant information to enable staff to meet people's needs.
- People were included and involved in the provision of care they received. One relative said, "Staff understand [person], staff know [person] really well, there's a real personal touch, they [staff] really care about [person]."
- Audits and actions plans were completed, lessons were learnt, and measures were in place to continuously review, assess and monitor the quality and safety of care being provided.

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 the importance of developing and maintaining open, honest and transparent relationships.
- Accidents and incidents were clearly managed. Internal investigations were completed, the relevant people and organisations were informed, and lessons were learnt and shared across the staff team.

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

characteristics; Working in partnership with others

- Staff and relatives told us that the management had effective methods of communication in place. One relative said, "I've been kept in the loop and contacted at every opportunity."
- Staff and 'resident' meetings had taken place and helped to capture the thoughts, views and suggestions relating to the care being provided. One staff member said, "We're always updated with any changes."
- The registered manager positively engaged with inspectors throughout the inspection, was responsive to our feedback and provided us with all the relevant documentation we required.
- There was evidence of partnership working with other agencies and services such as the local authority, infection prevention control team, dieticians and speech and language therapists.
- We received positive feedback from staff and relatives about the overall provision of care being delivered. One staff member said, "It's such a lovely place to work, [manager] is brilliant, really supportive."