Rippleside Home Limited

Rippleside Rest Home

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?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 2, 3 and 9 June 2016 and was unannounced. Rippleside Rest Home provides care and support for up to eight people with mental health needs who may also have a diagnosis of early stage dementia. Each person had their own private bedroom. There were six people with an age range of 68 to 85 years living in the home at the time of our inspection.

The home had a registered manager. 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.

The service was not always safe. Risks to individuals, and environmental risks, such as fire and legionella, were not well managed, although required maintenance for gas, electrical and fire systems had been completed. Staff did not have a good understanding of the importance of managing risk properly, to keep people as safe as possible.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe, by either reporting concerns to the registered manager or the local authority. Recruitment practices were safe and there were enough staff to meet people's needs. Medicines were managed safely and people were given their medicines as prescribed.

The registered manager did not have a good understanding of the Mental Capacity Act (2005) or who had the legal right to make decisions on behalf of a person using the service. Capacity assessments had not been completed for people who may have needed them.

People were supported to maintain good health and had access to health care services when they needed it. People had their food and hydration nutritional needs met, and feedback about the food was positive. However, people's choices and preferences were not well understood and they were not well supported to express their views or make decisions about their care.

Staff were concerned for people's welfare, and were kind and caring. Feedback from people about staff and the care they experienced was positive. Although there were enough staff on duty to meet people's basic care needs and keep them safe, staff were not given the time they needed to make sure the care people experienced was person centred and not task focused.

The service was not responsive. People were not supported to be involved in the assessment and planning of their care. People's care needs were not regularly reviewed and the registered manager and staff did not make sure people experienced care that was individual to them. People were not always supported to do the things that were important to them.

The provider did not have robust quality monitoring processes in place and did not understand the importance of good quality monitoring. Areas for improvement were not always identified. Complaints and concerns were not well managed and the registered manager and provider did not properly seek feedback from people, relatives or staff.

The registered manager did not have a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. Not all of our registration requirements were met and accurate and up to date records were not kept.

Leadership was not visible from the provider or registered manager. They did not understand their responsibilities and quality monitoring was poor. Many of the issues highlighted at this inspection had not been identified by the registered manager or provider. Incidents and accidents were well reported but not properly analysed so staff and the registered manager could learn from them. Records were inaccurate and not always kept securely. Not all of the relevant notifications had been sent to CQC as required by law.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risks to individuals, and environmental risks, such as fire and legionella, were not well managed. Required maintenance for gas, electrical and fire systems had been completed.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe. Recruitment practices were safe and there were enough staff to meet people's needs. Medicines were managed safely and people were given their medicines as prescribed

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not fully supported with training.

The registered manager did not have a good understanding of the Mental Capacity Act (2005) or who had the legal right to make decisions on behalf of a person using the service.

People were supported to maintain good health and had access to health care services when they needed it.

People had their food and hydration nutritional needs met, and feedback about the food was positive.

Is the service caring?

Requires Improvement

The service was not always caring. People's choices and preferences were not well understood and they were not well supported to express their views or make decisions about their care.

People's privacy and dignity was not always protected.

Staff were concerned for people's welfare, and were kind and caring.

Is the service responsive?

Requires Improvement

The service was not always responsive. People were not supported to be involved in the assessment and planning of their care. People were not always supported to do the things that were important to them

People's care needs were not regularly reviewed and the registered manager and staff did not make sure people experienced care that was individual to them.

Complaints and concerns were not well managed and the registered manager and provider did not properly seek feedback from people, relatives or staff.

Is the service well-led?

Inadequate

The service was not well led. The provider did not have robust quality monitoring processes in place and did not understand the importance of good quality monitoring. Areas for improvement were not always identified. Incidents and accidents were well reported but not properly analysed so staff and the registered manager could learn from them.

The registered manager did not have a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. Not all of our registration requirements were met and accurate and up to date records were not kept.

Feedback from people who use the service and staff was positive. There was a positive culture at the service and the registered manager was well regarded.

Rippleside Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2, 3 and 9 June 2016 and was unannounced. The inspection team consisted of two inspectors and an inspection manager. Before the inspection we checked the information that we held about the service and the service provider. The provider had 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 met with all of the people who use the service and were able to speak with five people, three care workers, the registered manager, and a director of the provider's limited company. We observed staff providing care and support to people. We spoke with two relatives and a health care professional by telephone.

We reviewed four people's care plans and associated risk assessments, the recruitment and training records for three members of staff, quality monitoring audits and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

Although people and staff said they felt safe, we found a number of safety concerns during our inspection. People's safety was put at risk at times, because risk assessment and risk management practices at the service were not detailed enough. Although the registered manager had considered risks to people's safety they did not have clear and detailed information available to ensure all risks had been properly assessed. There were limited management plans in place and the registered manager had not fully considered what emergency procedures might be, if a person was involved in an incident that jeopardised their safety. For example, managing people's safety when they went out for a walk or travelled to visit their family. People did carry an identity card in their pocket to alert the public or medical staff of their name and address if they did get into any difficulties.

Staff had a limited understanding of risk assessment and management. They did not know that people who had a diagnosis of dementia might be at risk when doing some activities, such as travelling on the train. Staff said; "I can't see any (risks)" and when talking about a person they said the person; "is very capable so there's no risk at the moment".

Environmental risks were not properly managed. The registered manager confirmed they had not completed a legionella risk assessment for the home. The provider and registered manager are responsible for health and safety and must take the right precautions to reduce the risks of exposure to legionella. The presence of legionella bacteria can lead to Legionnaire's disease, which is a serious type of pneumonia. Anyone can develop Legionnaires' disease, but the elderly are more at risk.

Although a fire risk assessment had been completed, it was not comprehensive, and had not been reviewed regularly. Fire safety training was not completed regularly and people did not have a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood. There were some people ,who lived in the home who would need to be escorted from the building in the event of an emergency.

Water temperatures were not properly tested to ensure people were protected from the risk of scalding when they were washing or having a bath. If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury and older people may be more vulnerable to the risk of scalding. Although there was a thermometer in the bathroom, it was faulty and did not test the water temperature accurately. When the water was run from the tap, it steamed and looked hot. One person told us the mixer tap on the bath was "very unpredictable and very often it goes quite hot. I don't like being burnt".

Guidance from the Health and Safety Executive states that to prevent the risk of scalding, care homes must install thermostatic mixing valves (TMV) on water outlets, to ensure the temperature of the water is safe. The registered manager said all TMVs were installed but they had not been serviced or descaled. The registered manager had not taken action to ensure the risk of scalding was reduced as much as possible.

All of the above issues were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other environmental risks had been properly managed, such as gas and electrical safety certificates and fire alarm systems and equipment. Regular maintenance had been completed on other equipment such as bath hoists. Portable appliance testing (PAT) was also up to date.

Although people's medicines were safely managed there were some areas of practice that needed improving to ensure staff and the registered manager followed best practice at all times. This included reviewing the National Institute for Health and Care Excellence (NICE) guidelines to ensure the service's medicines policy was up to date and supporting staff to understand in detail what each person's medicines were prescribed for. People were supported to self-administer their medicine if they wanted to. The registered manager had ensured that one person had their medicines prescribed in an appropriate format so they could take the medicine with them when they went out. Medicines administration records (MAR) showed people received their medicines as prescribed and there was a safe procedure for ordering, storing, handling and disposing of medicines.

Recruitment practices were safe. All of the relevant checks had been completed before staff began work including a disclosure and barring service (DBS) check and staff member's previous conduct where that employment had involved working in health or social care. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were enough staff on duty to meet people's basic care needs and keep them safe. Although staff knew people well and were kind, they were not given the time they needed to make sure the care people experienced was person centred and not task focused.

People were protected from potential abuse. Staff and the registered manager knew about the different types of abuse, and how they would recognise the signs of abuse. They knew what action to take if they were concerned a person was at risk. Staff described what they would do, such as reporting concerns to the manager. People said they would be happy to talk to the registered manager if they didn't feel safe and one said; "I don't think there would be any reason why I wouldn't feel safe." Staff were confident that any issues they raised would be dealt with appropriately.

Requires Improvement

Is the service effective?

Our findings

When we asked people if the staff were well trained they gave us positive feedback such as "they're all very good, very efficient" and "they're good at their job". However, while we observed care workers had the skills to meet people's basic care needs, the registered manager had not ensured that training provided to staff was appropriate. Some training had been provided by an external trainer who the registered manager had been recommended by word of mouth. We asked the registered manager what the trainer's qualifications were, but they did not know, and they could not be sure the trainer had the appropriate qualifications to teach other staff. We spoke with the trainer and found they had a poor understanding of topics such as the MCA.

Induction training was basic. Staff were shown around the home and shadowed a colleague for a week before they started working on their own. Formal training was not provided before care workers began working independently. Staff had not received specific training to enable them to effectively meet the individual needs of each person they supported, such as dementia and mental health. Staff did not always understand what people' mental health diagnosis was or how best to support someone with a mental health condition such as depression. The registered manager had booked this training for staff within the next month.

We asked to see evidence that care workers had their competency to administer medicines regularly assessed. The registered manager said competencies were assessed but they could not provide any evidence to support this. The registered manager had not had training in medicines administration for some time so there was a risk they were not competent to assess others administering medicines. Although staff were safely administering medicines, they did not fully understand what each person's medicine was for, due to a lack of effective training. It is important for staff to understand what people' medicines do, so they can understand what possible side effects there might be, and take action if needed. These are areas of practice that require improvement.

Staff said they had regular supervision with the registered manager and that they found these meetings helpful. Goals were discussed, such as 'getting to know residents well' and 'improving my English'.

Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLs aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was able to explain when a DoLs referral would be necessary. None of the people living in the home required a DoLs referral to be made.

The registered manager stated in their PIR that everyone using the service had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to

make financial or health and social care decisions on their behalf. However the registered manager did not fully understand what an LPA was or who had the legal right to make decisions on someone else's behalf. If a person had an LPA in place, the registered manager had not asked to see it or recorded it in people's care plans. There was a risk that some decisions would be made by next of kin or family members who did not have an appropriate LPA in place. The registered manager was not clear that any decisions made on someone else's behalf should always be in their best interests. People's capacity to make decisions was not always properly assessed. Although the registered manager told us people living in the home had diagnoses of dementia, there were no records of any capacity assessments in people's care plans.

Staff had a good understanding of the MCA. They explained the importance of knowing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. However, they were not always clear about who had capacity to make what decisions, such as where to live. People were asked for their consent by staff and staff gave people the time they needed to make a decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were well supported to have enough to eat and to maintain a balanced diet. Food was homemade and nutritious. People gave us positive feedback about the food. One person said; "the foods very good. Everything is done for me, and I like that." The menu was planned over four weeks and was varied with a daily choice of food. If a person did not like the choice of food on a particular day they could ask for an alternative. Drinks were served throughout the day, and people were able to ask for more if they wanted it.

People were supported to maintain good health. Most people were in good health and their mental health conditions were well managed. People were able to ask staff to make an appointment if they needed to see their GP or other health care professional, and the registered manager knew what to do if people needed support from a mental health specialist.

Requires Improvement

Is the service caring?

Our findings

People gave us positive feedback about the care and support they experienced. Comments about staff included; "They're very conscientious and look after you" and "the staff are absolutely wonderful, I couldn't do any better". Staff showed concern for people's wellbeing and tried to make sure the care they provided met people's needs.

However, although staff were kind when they were speaking with people, they were very task focused. For example, when lunch was served there was no conversation between staff and people, and people enjoying lunch were not encouraged to engage with each other. Staff were not supported to spend time with people, to chat or do activities. People were treated with kindness by all members of staff. People's basic needs were understood by staff and they were met in a caring way.

Staffing levels were not regularly assessed and were not flexible enough to allow staff time to focus on each person. The registered manager and company director did spend a lot of time at the home, speaking with people and sharing activities such as watching the television or playing pool. This is an area that requires improvement.

Staff were not supported to responsive and flexible to people's needs, or to make sure they could help people lead as full a life as possible. Daily routines were task focused and there was a very fixed routine in the home. Tasks such as meals times or tea being served happened at the same time every day. When we asked one person what they had enjoyed in the home the previous day they replied; "I can't remember, everything is the same on everyday so I forget sometimes".

People's care plans were brief and did not provide staff with all of the information they needed to meet people's care needs in a consistent way. Care was not centred on the individual and people were not well supported to express their views or make decisions about their care. Most of the people we spoke with were not aware they had a care plan in place and there was little evidence of how people had been involved in developing their care plans. Meal choices were limited and people had not been asked if there was any particular food they enjoyed. Although feedback about the quality of food was good, when asked if there was anything else people would like to eat they said "oh I don't want to put them to any bother" and "I'm never asked what I would like, it's just served" and "I don't expect them to cater for individual needs" although they had disliked some of their meal. These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not carry out an assessment of needs with people or discuss what their preferences might be.

Staff and the registered manager did not have a good understanding of how to support people who may have behaviour that could cause themselves or others anxiety. Two people had specific behaviours. Although staff knew what possible triggers might cause them to become anxious, staff were not supported to understand what they should do to make sure the person remained calm. The registered manager had not put plans in place to make sure such behaviours were properly managed and people did not have a behavioural support plan in place. Staff did not use effective techniques to distract people or support them

to manage their anxiety before it escalated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always have their privacy and dignity protected. The registered manager and provider knocked on people's doors before entering but did not always wait for a response from the person before entering their room. On one occasion the provider was introducing the inspector to a person who was in their room. They did not ask the person's permission for a visitor to come in, and the person appeared anxious about the presence of a stranger in their room. People were not always able to talk on the telephone in private. Although there was a phone in the registered manager's office, people also took their phone calls in the hall. Anyone sitting in the lounge could overhear the conversation, so it did not remain private. These are areas of practice that require improvement. When talking about people who use the service staff and the registered manager spoke in a respectful way.

People's personal histories were known and understood by staff. Care workers knew some people's preferences well, such as how they liked their tea or coffee, and spoke about the people they supported in a caring way. When staff spoke with people they were kind, but care workers staff did not have enough time to spend with people to build relationships, as they were busy completing household tasks around the home.

Requires Improvement

Is the service responsive?

Our findings

People who use the service, and staff had little involvement in the development of the service. Although people said they could speak to the manager if they needed anything, resident meetings were not held to ask people for their opinion of the service.

People and those important to them were not supported to be involved in the assessment and planning of their care needs. There was minimal evidence in people's care plans of their views on how they would like to receive their care and support. Preferences and choices were not well recorded, and people's care needs were not regularly reviewed. None of the care plans had been updated for some time. People's care plans did not focus on their whole life or reflect their individual preferences and interests.

Activities offered to people were limited. Although people were supported to go to town or out for a walk, the provider did not encourage people to become involved in other activities that could improve their quality of life, such as a club or hobbies. The provider had not always discussed with people if they had any activities they would like to do. Some people enjoyed doing cross words and puzzles in their rooms, but there was a risk these people would become socially isolated because they did not interact with other people in the home, or in the community. People were supported to keep in contact with relatives, and visitors to the home were welcome at any time. People were able to make phone calls and visit their relatives as often as they wanted to.

Although the provider had a complaints procedure in place, it did not contain accurate information on who to raise complaints with, if a person were unhappy with the outcome from the provider. There were no recent formal complaints recorded and the registered manager did not record compliments, verbal complaints or comments. They did not have an opportunity to analyse people's feedback to identify good practice. This is an area of practice that requires improvement.

The registered manager gave us the quality assurance reports for 2012, 2014, 2015, and 2016, which we reviewed. They were an exact copy of each other, except for the change of date, and contained the same information in every report. People and staff's feedback was not always sought or valued by the provider and the registered manager. They did not understand the importance of seeking meaningful feedback from people to help improve the quality if the service they provided.

The registered manager asked for feedback from people individually and the last written questionnaire was in June 14 2016. Staff were not given the opportunity to be involved in the questionnaire . They said they noted information from people in daily notes and all feedback from relatives and resident was kept there. However, this information was not collated or analysed, so any themes could not be identified. The registered manager said they tried to resolve each issue as they came up. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

The provider and registered manager were not always clear about their responsibilities and did not fully understand the changes to the regulations that happened in April 2015. They did not understand the new way of inspection and had not referred to the provider guidance published by CQC. The registered manager demonstrated empathy for the people who use the service and was working hard to deliver good care. However, they did not have the understanding of the need to improve the service or any plans for future improvements to the quality of service they provided.

The registered manager and provider did not ensure that the delivery of high quality care was integral to the service. Neither of them understood the principles of good quality assurance and why it is important. Quality monitoring procedures were not effective and did not identify areas for improvement. Some quality monitoring was completed, including cleanliness and maintenance of the building, but the registered manager described this as "looking around" the home as they walked around. The registered manager did not have any formal quality audit tools in use, and simply noted areas for improvement in daily records.

Areas of poor practice can be reduced by means of proactive tools, such as audits. Audits also promote high-quality care and should be carried out regularly. Through regular audits, providers can compare what is actually done against best practice. The service had been run in the same way for many years and there was little evidence to show how they reflected on their practice and drove continuous improvement. The registered manager and provider did not have any plans in place to drive improvement and there were no action plans in place to ensure areas noted for improvement were completed.

Incidents and accidents were reported and investigated, but not fully analysed to assess if there was any action that could be taken to prevent the incident from happening again. Incidents, such as falls, were rare, but the registered manager did not clearly understand the importance of learning from incidents when they did occur, to help people stay as safe as possible. The registered manager said: "we talk and discuss a lot, but we don't always write it down".

The provider did not have an appropriate schedule in place to ensure essential maintenance was kept up to date, for example, fire alarm systems and electrical testing. It is important that people have access to safe and well maintained indoor and outdoor areas, and equipment. A lack of routine maintenance places people at risk of injury and can affect their quality of life.

People were not protected against the risks of unsafe or inappropriate care because accurate and up to date records were not kept. Records throughout the home were poor. A daily diary was being used to record information about people's daily care or changes in people's health needs. This information was not always recorded in the individual's care record and information was not always communicated between staff appropriately. Documentation was not always dated or signed by staff when it should have been, so it was difficult to assess if some documents were up to date or who had completed them. Important policies such as safeguarding adults and the prevention of abuse were outdated. For example, the safeguarding 'procedures briefing for providers' referred to a presentation made available online in 2011, and had a web

address which was no longer available. None of the policies were dated and they had not been reviewed. Clear and up to date records help to prevent errors. These were breaches of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registration requirements were not always met. The registered manager did not send us a notification of an incident that had occurred as required by law on one occasion when the boiler had broken down. This meant that we did not have the opportunity to assess if the events affecting people who used the service needed CQC to take further action if required.

People who use the service gave positive feedback about the manager and staff. Comments included; "I think they're brilliant, all of them, without exception" and "very good they are. Good at their job". Staff said the registered manager was accessible, helpful and supportive and the registered manager knew the people who used the service very well. There was a positive culture in the home which was linked to independence and mobility for people. This was demonstrated, with people being able to come and go as they chose, and being as independent as they wanted to be. The registered manager said their aim was to provide a service that was a "home from home", and this was reiterated by 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure care of service users reflected their preferences. The provider did not carry out collaboratively an assessment of needs and preferences for the care and treatment of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure they acted in accordance with the 2005 Act.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess the risk to the health and safety of service users or take action to mitigate such risks.

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not establish or operate effectively a system to ensure they assessed, monitored and improved the quality of service. They did not maintain an accurate record for each service user or other such records relating to the management of the regulated activity.

The enforcement action we took:

warning notice