

Primus Healthcare Limited

Rykneld View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 January and was unannounced. We returned on 12 January which was announced.

Rykneld View is registered to provide care for up to 31 adults. They provide general residential and nursing care and do not admit people with a primary diagnosis of dementia or challenging behaviour. At the time of our inspection there were 19 people living at the service.

Accommodation is provided over two floors. There are stairs and a lift available to the first floor.

Rykneld View has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the service told us they felt safe, and that they were happy living there. Staff had a good understanding of how to safeguard people and protect them from abuse. Staff were confident about what action they would take if they had any concerns, which included reporting concerns to the registered manager as well as external agencies such as the local authority or the Care Quality Commission.

People were protected by safe staff recruitment procedures. There were sufficient numbers of suitably trained staff to meet people's needs. Staff had received training which reflected the needs of the people living at the service and enabled them to provide support in a safe manner. We saw risk assessments in place in people's plans of care to promote their safety.

We saw that people received their medication in a timely and safe manner, administered by staff who were trained in the administration of medication.

People were offered choices with food and drinks and appropriate support was given when needed. There were drinks and snacks available between meals.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care. We saw that appropriate referrals had been made to the local authority when people had been assessed as being deprived of their liberty.

People's health and welfare was promoted and they were referred to relevant healthcare professionals in a timely manner. We saw that appropriate action and advice was taken to meet people's health needs.

People's plans of care were individualised and accurately reflected people's care and support needs. The plans of care contained information about people's life histories, interests and likes and dislikes which provided staff with sufficient information to enable them to provide care effectively.

The service had an atmosphere which was warm, friendly and supportive. We saw staff positively engaging with people living at the service and treating people with dignity and respect.

The provider had systems in place to monitor the service. Audits and checks were effectively used to ensure people's safety and the building and equipment were well maintained.

The registered manager provided effective leadership to the service and sought regular feedback from people living at the service, their relatives and staff. They encouraged staff to attend meetings to share their views in order for them to review and develop the service. People were complimentary about the registered manager and felt they were supportive and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had a good awareness of abuse and how to report concerns.

People were protected by safe staff recruitment procedures. There were sufficient staff available to meet people's assessed needs and ensure their safety.

Risks to people had been appropriately assessed. Measures were in place to ensure staff supported people safely.

Medicines were administered in accordance with best practice. People received their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to enable them to provide the care and support people required. There were appropriate induction procedures in place for new members of staff.

People's choices were respected and consent to care and treatment was sought.

People's dietary requirements were met and their choices and preferences were taken into consideration.

Staff had a good understanding of people's health care needs and referred them to health care professionals in a timely manner.

Is the service caring?

Good ●

The service was caring.

The registered manager and the staff knew people well and there were positive relationships between the staff and people living at the service.

People were treated with dignity and respect.

People were encouraged to make choices and decisions for themselves.

Is the service responsive?

Good ●

The service was responsive.

The care was responsive to people's individual needs and preferences.

Activities and entertainment were available within the service to suit the individual needs of the people living at the service.

Staff responded to people's needs in a considerate and timely manner.

People were confident that they could raise complaints and these would be responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with appropriate leadership and support, staff were complimentary about the support they received from the registered manager.

There were effective quality assurance systems in place to monitor the quality of care and to drive improvements within the service.

The registered manager was clear about the aims of the service and worked collaboratively with people living at the service in order to improve and develop the service.

Rykneld View

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 7 January and was unannounced. We returned on 12 January which was announced.

The inspection team comprised of one inspector.

We looked at and reviewed the 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.

Prior to our inspection visit we contacted commissioners for social care, responsible for funding some of the people living at the service. We also reviewed the information we held about the service which included notifications of significant events that affect the health and safety of people living at the service. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service and three relatives and visitors. We spoke with five members of staff, the registered manager and the area manager.

We reviewed the records of four people, which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Is the service safe?

Our findings

One person living at the service told us, "Oh yes I feel very safe here, it's lovely". Another person said, "I feel very safe and looked after here". A relative we spoke with said, "I'm happy as I know they are safe and well cared for in the home".

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us they would not hesitate to report any concerns. One member of staff told us, "I would go straight to my manager if I saw anyone acting inappropriately, I wouldn't even hesitate". All the staff were aware of the whistle blowing policy and where they could find it. Staff were also aware that they could report concerns to external agencies such as the local authority or the Care Quality Commission.

Training records confirmed that staff had received safeguarding training, staff we spoke with were confident that the manager would act promptly if they approached them with concerns. This meant that people living at the service could be confident that issues would be addressed and their safety and welfare promoted.

People's plans of care contained risk assessments (an assessment to evaluate or analyse the risks to the individual), including those related to nutrition, falls, pressure care and moving and handling. We saw that measures were in place to manage those identified risks and were monitored. For example we saw that one person living at the service was at high risk of falls. There was an assessment in place to identify how this could be prevented, monitored and managed, which all care staff were aware of. This meant that staff knew what the risks were to the individual and how to manage them safely.

The PIR stated that a pre-admission draft care plan was completed for each new admission, this enabled staff to put appropriate risk assessments in place prior to the person coming in to the service.

Staff informed us they were aware of how to deal with emergencies; they had received training in first aid and fire safety. We saw evidence that people had personal evacuation plans, within their records, and also in their bedrooms to be acted upon in the event of a fire. This was to help ensure people received the appropriate level of support in the event of a fire to help keep them safe.

We saw that there were accident and incident records which were up to date. We saw evidence that appropriate action had been taken when accidents and incidents had occurred. For example, records showed that one person had sustained an injury after bumping into some furniture. We saw that the person was examined daily for several days following the incident in order to monitor the injury and that appropriate treatment had been administered, including the regular offer of pain relieving medication.

There were effective systems in place for the maintenance of the building and we saw records of services for equipment as well as testing of water, heating and gas.

We saw there were sufficient staff to meet people's needs. When we asked staff for their views about the staffing levels, one member of staff told us, "Yes there are enough staff unless some-one rings in sick at the

last minute".

During the inspection call bells were answered promptly which showed that there were sufficient staff and that people living at the service were not waiting long for assistance. This demonstrated that people's safety was maintained.

The registered manager informed us that they were recruiting for more staff as they were aware that the number of people living at the service was likely to increase. They also used bank staff and agency staff to cover absences. We saw that agency staff was often the same person in order to provide continuity of care to the people living at the service.

We found that staff recruitment procedures operated by the provider were safe and in line with their policy and appropriate checks were carried out. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service.

People received their medicines safely, when they needed them. One person living at the service told us, "The staff help me with my medication, I couldn't manage otherwise". We saw that people were supported by staff to take their medicines in a safe way. There were protocols in place for people who took PRN (taken as and when required) medication.

We observed the nurse administered medicines to people individually and the medication administration record (MAR) completed to confirm the medicines were taken. All staff who administered medication had received appropriate training in the administration of medication, which included regular competency assessments. This ensured people's health was supported by the safe administration of medicines.

We saw that medicines were kept securely in the locked treatment room. Daily fridge and room temperatures were maintained within the recommended guidance. We saw that there were arrangements in place for discarding medicines that were no longer required.

Is the service effective?

Our findings

One member of staff told us, "I got an induction when I started work and I have on-going training". Another member of staff said, "We have training all the time which is on-line. It's good as it helps me understand more about the care I'm giving to our residents".

Records showed that staff had accessed a range of training that was specific to the needs of the people living at the service. Newly recruited staff had received an induction within the service and were also due to commence the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager informed us that staff had regular supervisions. One member of staff told us, "I have supervision with my manager; I find it really useful to have that one to one time with them to discuss any issues either of us might have". Records showed that topics for discussion included any concerns, development needs or any individual needs that the member of staff may have.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that appropriate MCA assessments had been completed. The registered manager and staff demonstrated a good awareness and understanding of MCA and when this should be applied.

The registered manager had a good understanding of DoLS legislation. Some people living at the service were assessed as being deprived of their liberty and appropriate referrals to the local authority had been made. At the time of the inspection one person had DoLS authorisation that had been approved, which all care staff were aware of, and the reason for the authorisation.

We saw staff gained consent from people living at the service prior to care and support being given. For example, we saw one staff member ask a person if they could clean round their mouth between courses at lunch time and only did so when permitted.

We asked people for their views about the quality of meal and menus. One person told us, "The food is very nice, and we have a choice of what we want to eat". Another person told us, "I'm a vegetarian and they always make nice food for me". We saw that people were offered a choice of food and drinks at meal times

and asked if they would like more when they had finished. People were able to sit where they chose to eat their meals, this included the lounge, dining room, or their bedroom.

The registered manager informed us that they worked closely with the chef to devise the menus and that any special dietary requirements were recorded in people's plans of care as well as in the information kept in the kitchen.

We saw that people living in the service were given home made cakes between meals and there was a bowl of snacks, including sweets and chocolate in the lounge area for people to help themselves to. There were also healthier alternatives, including fruit and yogurt. There was a kitchenette off the lounge area where people living at the service, or their visitors could prepare themselves drinks and snacks.

Information in people's plans of care showed that referrals were made to healthcare professionals in a prompt and timely manner. It was apparent in the plans of care that advice and actions were followed by the staff in accordance with directions from the health professionals. For example the podiatrist had recommended a 'bed cradle' for one person in order to keep the bed sheets off their legs whilst in bed. Records showed that the registered manager had ordered this equipment straight away, therefore following the advice given.

Is the service caring?

Our findings

We asked people for their views about the care and support provided by the staff. One person living at the service told us, "The staff are lovely". Another person said, "We are really well looked after and cared for here". A relative we spoke with said, "They are all lovely here and everyone is well cared for".

One person who visited the service on a regular basis informed us that the service had undergone a massive transformation recently. They said, "The staff are so caring, the home is clean and homely, it is such a lovely place. I have even seen a member of staff speaking to a resident in their native language which is marvellous. I would be happy for my relative to come and live here which is the biggest compliment I can give".

The PIR stated that Rykneld View has a very homely welcoming atmosphere and that people living at the service are shown kindness and compassion in their day to day care.

Our observations showed staff sitting and talking with people when they were able. Staff spoke with them in a kind and reassuring manner. We saw staff being caring and affectionate towards people such as holding their hands.

We observed one member of staff walk in the lounge area and greet each individual by name and ask how they were. We also observed a member of staff approach a person to enquire how they were feeling as they had been suffering with a bad back earlier in the day.

Staff were aware of people's life histories and had a good background knowledge of people living at the service, including their abilities and preferences. These were also recorded in people's plans of care.

We observed that when one person who was in bed became distressed staff responded to them in a calm and reassuring manner and remained with them until they were feeling happier. The person asked for their family and we saw staff contacted the family by telephone and then report back to the person that they would soon be coming to visit. This showed that staff were able to respond appropriately to people in a positive and caring way, whilst also reducing people's distress.

We observed staff treating people with dignity and respect. One relative told us, "The staff treat everyone with dignity and respect, that includes family as well as the residents". We saw staff respond promptly to assist people with personal care after meals if people had spilt food on themselves.

People's records contained information about their end of life care. The plans of care contained information such as DNAR (do not attempt resuscitation) decisions, family involvement, and also medication required. This showed that the service supported people at the end of their life to have a comfortable, dignified, and pain free death.

Is the service responsive?

Our findings

One person living at the service told us, "I sat with the staff and told them all about myself when I arrived here, they asked me lots of questions and wrote it all in my care plan".

People's plans of care were detailed and informative. They provided staff with clear guidance on each person's individual care needs and were updated regularly to help ensure the information was accurate and to reflect the changes in the person's needs. These changes were communicated daily during staff handovers, and were also documented in the communication book that was used by all the staff. Staff had a good knowledge of people living at the service and were able to evidence this in discussion during the inspection.

Plans of care reflected how people liked to receive their care and support. For example, in one plan of care it clearly stated that one person wished to be involved in planning their care and they required both visual and verbal prompts in order to make the relevant choices. In another plan of care it identified that the person became anxious when being transferred using equipment. The plan of care clearly stated what staff were to do to prevent this from happening, and also how to respond if it did happen.

There was evidence that there had been family involvement in developing the plans of care for some people, with their views and decisions documented where appropriate.

During the inspection we saw evidence of activities which included baking, musical instruments, board games, arts and crafts, quizzes and reminiscence groups. The chaplain from a local church also visited the service on a weekly basis.

Activities and interests were evident to meet people's needs. One person living at the service told us, "We do quizzes as it's important for some of us to keep our brains working. We enjoy the quizzes". Another person told us, "We have singers, and entertainers, and parties. I love parties".

In one person's plan of care it stated that they loved to sing and had previously been part of a choir. We saw that the registered manager had arranged for a choir to come to the service at Christmas time. This showed us that the service responded to the individual needs and preferences of the people living at the service.

People we spoke with said they felt confident to raise a concern or complaint if needed. One person living at the service said, "I would complain to the manager, they're very nice. But I don't want to complain". A relative told us, "I would have no hesitation about going to the manager if I had a complaint".

We saw there was a complaints procedure on display in the service for staff, people living at the service, and their visitors to access. There was a complaints file with one complaint recorded. The registered manager was able to evidence that they were in the process of responding to the complaint in accordance with the provider's complaints policy and procedure.

The PIR stated that the managers office had been moved to the ground floor to enable them to be accessible to all service users, relatives and visitors. The registered manager informed us that they operated an 'open door' policy and encouraged people living at the service, relatives, visitors and staff to approach them at any time with any concerns they may have.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager encouraged people to be involved in developing the service. They worked alongside staff to ensure that the service people received was reflective of the provider's visions and values for respecting people and promoting respect and equality for all. The PIR stated that the service was also recruiting for a deputy manager to further improve the delivery of care and quality to the service.

Staff informed us they were happy in their role, one member of staff told us, "I love it here, It's my dream job". Another staff member said, "I love it, it's great, everyone is so friendly and we work so well as a team".

The attitude of the staff and the registered manager showed they were committed to their work and to providing the best possible care to the people living at the service.

We saw that feedback was sought from relatives, and the people living at the service. These were in the form of surveys and meetings. We saw there were positive comments written on the surveys which included, "The staff are always very informative regarding the residents care", "The home is very good and the meals are good" and also "The home is always clean, staff are friendly and welcoming".

We saw that appropriate action was taken in response to issues raised at meetings. For example we saw that one relative had said they would like a regular hairdresser to visit the service and another suggestion was for a hand rail to be put up outside the front door for easier access. In response to these suggestions we saw that the service had now got a regular hairdresser and that a hand rail had been fitted next to the front door.

Regular staff meetings were held where staff were encouraged to express their view and opinion on how to improve the quality of the service. Staff were also given monthly reflection sheets which they completed anonymously. These were used to give feedback on what they felt was working well, and what was not working well in the service.

Staff we spoke with told us they received good support from the registered manager, one staff member said, "The manager is great, I am able to go to them with any problems I may have, I just feel so comfortable with them". Another person said, "The manager is really nice, they listen to you and will deal with any problems straight away".

Staff said that the regular supervision meetings gave them opportunity to discuss areas for concern as well as new ideas and personal development. This showed they were promoting an open and fair culture.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse.

Quality monitoring audits were completed on a regular basis, these included checks on accidents and

incidents, medication, care plans, tissue viability and infection control as well as the maintenance of the building.

We saw evidence that action was taken as a result of the audits. For example, it was identified in the medication audit that the refusal or non-administration of medication was not being recorded accurately. We saw that medication log sheets had been put at the rear of the MAR sheets for monitoring purposes.

The registered manager informed us that the results of the audits as well as the feedback received were used to drive improvements and develop and improve the quality of the service.

Commissioners for social care informed us, "We have no concerns about the service, or the quality of care".

Visitors to the home spoke highly of the registered manager, one visitor informed us, "The manager is so approachable, and she is fun. The home is a lovely place to be".