

Risedale Estates Limited

Risedale Retirement and Residential Home

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 

Overall summary

We carried out this inspection on 31 October 2014. The inspection was unannounced.

We last inspected this home in October 2013. At that inspection we found the service was meeting all of the regulations that we assessed.

Risedale Retirement and Residential Home provides accommodation for up to 69 people who need personal care. The service mainly provides support to older people and to older people who have a dementia. The home is a two-storey building, which has been extended and

modernised. There was a range of equipment to support people to move around the home independently and to ensure their safety. There were 57 people living in the home at the time of this inspection. There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

Summary of findings

Everyone we spoke with told us this was a good service. People said they felt safe in the home and told us that they received the support they needed, at the time they needed it.

Staff in the home were well trained and competent to carry out their duties safely. They understood how to protect people and how to report any concerns about a person's safety or wellbeing.

There were enough staff to support people. Safe systems were used when new staff were employed, to ensure that they were suitable to work in a care service.

Medicines were handled safely and people received their medicines as their doctors had prescribed. People were supported to see their doctor and other health services as they needed. This helped people to maintain good health.

People agreed to the support they received and care was only provided with their consent. The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). This helped to ensure that people's rights were protected.

People enjoyed the meals provided in the home. They told us that meal times were pleasant and sociable occasions. People were supported to eat and drink enough to maintain their health.

People were well cared for and were treated with consideration, kindness and respect. They were asked about how they wanted their care to be provided and about the things that were important to them in their lives. They staff knew the choices people had made about their care and respected the decisions people made.

The staff were patient when supporting people and gave individuals the time they needed to carry out tasks for themselves. People's independence, privacy and dignity were promoted.

Visitors were made welcome in the home. People chose when and where they saw their visitors. People were able to maintain relationships with their families and friends as they chose.

People were asked for their views about the service and their comments were taken into account in how the service was provided. The registered provider had a formal procedure that people could use if they wanted to complain about the service they or their relative received.

The registered manager and registered provider carried out checks on the facilities and service provided to ensure that people received a good quality service and were protected against the risk of harm.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. There were enough staff to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm.

Medicines were handled safely. People received the support they needed to take their medicines.

Staff were trained to use equipment safely and the equipment in the home was checked and serviced to ensure that it was safe to be used. This helped to protect people against the risks from the unsafe use of equipment.

Good



Is the service effective?

This service was effective. The staff in the home had completed training to give them the skills and knowledge to meet people's needs. New staff completed thorough training before working in the home. This ensured they understood their role and responsibilities and that they knew how to support people.

Mealtimes were pleasant and sociable occasions. People had a choice of meals and drinks that they enjoyed. They were supported to eat and drink enough to maintain their health.

People agreed to the support they received and care was only provided with their consent. The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). People's rights were protected.

Good



Is the service caring?

This service was caring. People were well cared for and were treated with consideration, kindness and respect.

People were asked about how they wanted their care to be provided and about the things that were important to them in their lives. They received the support they needed from staff who knew them and who knew the choices they had made about their care.

People's privacy, dignity and independence were promoted. The staff were patient when supporting people and gave individuals the time they needed to carry out tasks for themselves. They provided care in a manner that protected people's privacy and dignity.

Good



Is the service responsive?

This service was responsive. People were included in planning their own support and made choices about their care and their lives. The staff knew the support people required and provided this at the time they needed it.

People could receive visitors when and where they wished. They were supported to maintain relationships that were important to them.

There were systems in place for people to share their views about the service. People knew how they could raise a concern if they needed to.

Good



Summary of findings

Is the service well-led?

This service was well-led. People were protected against the risk of harm because the registered provider had systems to assess the quality and safety of the service.

People who lived in the home were asked for their views of the service and their comments were acted on.

There was a registered manager employed in the home. The registered manager set high standards and worked with the care staff to ensure these were met.

Good



Risedale Retirement and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2014 and was unannounced. The inspection was carried out by two inspectors 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. The expert-by-experience was accompanied by their own support worker. During our

inspection we spoke with 42 people who lived in the home, four visitors, 10 care staff and three ancillary staff. We observed care and support in communal areas, spoke to people in private and looked at the care records for 11 people. We also looked at records that related to how the home was managed.

The registered manager of the home 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted the local authority, district nurses and specialist health care teams to obtain their views of the home.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe living in this home. They said that they knew how they could raise any concerns if they felt unsafe, but told us they had never had to do this. One person told us, “I feel very safe living here and I’d rate it as very good” and another person said that they felt the staff were “careful to ensure their safety”.

People who visited the home frequently told us that they had any seen or heard anyone being ill-treated. They said they had always seen people being treated with respect and in a caring way. One person told us, “This place is fantastic, it’s a lovely home. I’ve never had any concerns”.

The staff we spoke with told us that they had received training in identifying and reporting abuse. We saw that the staff understood that a person who was being abused may not report this to anyone due to being afraid. The staff showed that they knew how a person’s behaviour or demeanour may change if they were afraid or being ill-treated. They knew the correct procedure to report abuse to ensure that action could be taken to protect people. One member of staff said, “We know what we have to do, I can’t imagine anything bad happening here, but we know we have to report any concerns and how we do it”.

Everyone we spoke with told us that the staff treated them with respect and supported them to make choices about their lives. We saw this happening in all areas of the home during our inspection. People were asked if they wanted to take part in activities or to take their medicines and their choices were respected, this helped to protect their rights.

People told us they received the support they needed to take their medicines. They said they received their medicines, “safely and properly” and one person said, “I always get my medication on time”. Staff who handled medication had been trained to do so safely. We saw that medicines were stored and handled safely in the home. We saw that people were discreetly asked if they wanted to take their medicines and the staff explained to people what the medication was for. This helped people to understand why they were being offered the medicines and to choose if they wished to take them.

People told us that there were enough staff employed in the home. They said that the staff attended quickly if they used the call system to summon assistance. One relative, who visited the home regularly, told us, “There are always plenty of staff about, you never need to look for staff, they’re always around”. During our inspection we saw that the staff responded promptly when people required assistance. We saw that there were enough staff to provide people with the support they needed.

The registered provider used good systems to ensure that new staff were safe and suitable to work in a care service. All new staff had to provide references to show that they were of good character and to confirm their previous employment experience. The records we looked at showed that all the checks required by law were completed before new staff were allowed to work in the home. This helped to ensure that they were suitable and safe to work with people.

The home had a range of equipment to support people to maintain their independence or to support staff to assist people in a safe way. We saw that the equipment had been serviced and maintained by appropriately qualified persons. The staff in the home told us that they had been trained in how to use the equipment safely. One staff member told us, “We have moving and handling trainers and we all have regular training, if you’re not sure about using a piece of equipment you can ask for more training”. People were protected because equipment in the home was maintained safely and staff had been trained in using equipment.

The registered provider had policies and procedures for dealing with foreseeable emergencies such as a fire or the lift breaking down. Staff in the home had been trained in how to release the lift safely if it broke down while a person was using it. This meant that people could be confident that the staff could take immediate action to assist if needed.

Is the service effective?

Our findings

Everyone we spoke with told us they were well cared for in this home. They said that the staff knew them and the care they needed. People who used the service and their visitors told us that they felt confident that the staff were able and competent to provide the support individuals needed.

All the staff we spoke with told us that they had completed a range of training to give them the skills and knowledge to provide the support people needed. They said that they had completed training around how to meet individual's needs, including training in caring for people who have a dementia. New staff were not permitted to work in the home until they had completed comprehensive induction training. This ensured they understood their role and responsibilities. The staff in the home confirmed that new staff worked alongside experienced care staff before working on their own to ensure they had a full understanding of how to support people.

During our inspection we saw that the staff had the skills and knowledge to provide the support people required. They knew the people in the home and provided care as they required and as they preferred. We observed that the staff used equipment safely, took appropriate action to protect people against the risk of infection and handled medication in a safe way because they had received appropriate training in how to carry out their roles.

We received many positive comments about the meals provided in the home. People told us they had a choice of meals and drinks and said they "really enjoyed the food". One person told us, "There's a menu and there is always a choice, but they get you something else if you don't fancy what's on the menu". Some people told us that they had lost interest in food when they lived on their own in the community and said that eating with other people in the home had helped them to regain their appetite. One person said, "You can't be bothered making anything just for yourself, I lost quite a bit of weight, that's one of the reasons I agreed to try it here. It's lovely now, we have a nice room to eat in, I have friends to sit with and lovely meals prepared how I like them. Now I have to watch I don't put too much weight on". We saw that the mealtimes were pleasant and sociable occasions that people enjoyed. People were supported to eat and drink enough to maintain their health.

We saw that people were offered hot and cold drinks and snacks throughout the day. People told us that this was usual practice in the home and one person said, "The food's very good and you can get tea and biscuits at any time".

People told us that they were supported to maintain good health and said the staff in the home supported them to see their doctor if they were unwell. People told us, "I can see a doctor whenever it's needed". We saw that people's care records had been updated to show when they had seen their doctor and included the advice that their doctor had given. Health care professionals we spoke with told us that the staff in the home contacted them if people needed support and followed any advice they gave. One told us, "The staff always follow any instructions I leave them" and another said, "We work very closely with the staff on a daily basis. They are always trying to improve their practice and the care they provide".

People told us that they had been included in agreeing to the care they received. The care records we looked at showed that people had signed their own care records to show they had agreed to them. People said the care staff asked for their agreement before providing support and explained what they were doing. We saw that the staff gave people choices about their lives and respected the decisions they made. Some people chose to go to their rooms to rest during the morning and we saw that the staff respected this decision. People were asked if they agreed to take their medication and this was only given with their consent.

The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). Senior staff in the home showed that they were knowledgeable about the action they needed to take to ensure that individuals' rights were protected. In the Provider Information Return, the registered manager had told us that there was no one living in the home who required an application to be made under the Deprivation of Liberty Safeguards. This was because there was no one who was subject to a level of supervision and control that may have amounted to a deprivation of their liberty. Throughout our inspection we saw that people were free to make choices about their care and their lives in the home. We did not see any evidence of people being restrained or deprived of their rights or of their liberty.

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for in this home. People told us they liked the staff and said they were treated with “care, kindness and respect.” One person told us, “I have found that the staff are always polite and gentle” and another person said, “The staff are all nice”. Visitors to the home and a health care professional we spoke with all said that they had observed that the staff were always caring and considerate to people.

People told us they had been asked about how they wanted their care to be provided and about the things that were important to them in their lives. They said they received the support they needed from staff who knew them and who knew the choices they had made about their care. One person said, “If you need any help you just ring your bell and the staff are always helpful, you never feel left alone”.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate actions to protect people’s privacy and dignity. People were discreetly asked if they needed support and the staff ensured doors to toilets and bedrooms were closed while people were receiving care. One person told us that the staff maintained their dignity while assisting them in the bath, they said, “They, [care staff], have to stay near you if you are having a bath, but they only help you wash your back and the rest of the time they look away, it’s very dignified”.

We saw that the staff understood that it was important to spend time with people to ensure individuals’ wellbeing. One staff member told us that the staff were instructed to engage with people “as much as possible”, and another said they felt this was the best aspect of their job and they

really enjoyed being with the people who lived in the home. We saw that people enjoyed talking with the staff. One person told us, “The staff pop in my room and have a chat every day, I like that”.

All areas of the home were clean and free from odours throughout our inspection. People we spoke with told us that the home was “always kept clean and fresh smelling”. This helped to support people’s dignity. One visitor told us, “You notice that the home smells fresh and pleasant. There’s never any unpleasant smell and the cleaners do a fantastic job”.

The home had a range of equipment to support people to maintain their independence. We saw that some people used items to assist them to move around the home on their own. The staff knew the equipment people needed and ensured that this was available when they required it. We saw that the staff were patient when supporting people and gave individuals the time they needed to carry out tasks for themselves. One person told us, “I never feel rushed, the girls, [care staff], let me go at my own pace. I may not be very quick, but I like to get where I want under my own steam. The staff tell me “It’ll take as long as it takes” and give me however long I need”.

Most of the people we spoke with told us they had close family or friends who they would speak to if they needed advice about making an important decision. One person told us, “My daughter is here nearly every day, if I need advice I ask her”. The registered manager had links with local advocacy groups which people could contact if they needed to support them to make a decision about their care. An advocate is an independent person who is not connected with the home but who can support people to express their views.

Is the service responsive?

Our findings

People told us that this service was responsive to their needs and to their preferences. One person said "Moving here is the best thing that I ever did. I like my room and we have a telly and our own things. I can have a shower or staff will help me have a bath if I want. You can have your meal where you want and in your own room if you want". Another person told us, "I do what I want, when I want. I come and go as I please and enjoy the activities and seeing my visitors". Throughout our inspection we saw that people were given choices in a way they could understand and given the time they needed to express their wishes. This helped to ensure that people maintained control over their lives.

People told us the staff knew the support they needed and provided this at the time they required. They told us, "I've got to know the staff and they know me now. They know my routines and are happy to work around me and what I want".

We saw that people were provided with a range of activities that they enjoyed. During the day of our inspection people could choose to take part in bingo, painting and watching a musical on the television. One person told us, "I enjoy the painting and the activities" and another person said that they were invited to take part in the morning's activities but that they preferred to read their book at this time.

It was Halloween when we visited the home and we saw that some staff were in fancy dress to mark this occasion. People told us they were looking forward to a special Halloween themed meal later that day. They said that they enjoyed celebrating special occasions and appreciated the effort the staff took in wearing fancy dress and decorating the communal areas. One person said, "The staff are such good fun, they make that extra effort to make special days feel special".

Relatives we spoke with said they were able to visit whenever they wanted. They told us they were always

made to feel welcome by the staff in the home. People who lived at the home confirmed that they could receive visitors where and when they wanted. One person said, "They always make my visitors really welcome". People were supported to maintain relationships that were important to them.

Some people told us that they chose to move into the home because they had felt lonely and isolated when they lived in the community on their own. They said that they enjoyed the company of the other people who lived at the home and of the staff. One person said, "My son looked at other homes, but I'm glad we chose here because its good company here". Another person told us that they had moved to the home because, "I came to feel that I needed help and company". People told us that moving to the home had been a positive step in their lives and said they no longer felt lonely or isolated. One person told us, "I'm about to sell my house and I'm glad I will now be able to stay here".

People were given opportunities to take part in activities in the local community. The home had its own choir and two people told us that they particularly enjoyed this activity. They said the choir had performed at a celebration arranged by the Mayor of Barrow and that they were very proud of this. People were supported to be included in activities that they enjoyed in the home and in the wider community.

There were good systems in place for people to share their views about the service. People knew how they could raise a concern if they needed to. No one that we spoke with raised any concerns about the service provided in the home. The home had a complaints procedure, which the registered manager would follow if they received a complaint. People told us they knew how they could raise any concerns but said that they had not had to do so. One person said, "I have no complaints about the service" and another person said, "We've nothing to complain about here, it's marvellous".

Is the service well-led?

Our findings

Everyone we spoke with told us that they thought this home was well managed. The registered manager had been in post for 11 months at the time of our inspection. People who lived in the home told us they knew the registered manager and would be confident speaking to them if they had any concerns.

People said they were given opportunities to share their views about the service they received. Some people said that they had filled in a survey to share their experiences and other people said they attended meetings where they were asked for their views. Everyone said that the staff and registered manager also used informal methods to gather their comments on the quality of the service. They said that the staff asked if they were happy with the support provided and one person said, “They, [care staff], always ask if everything is all right before they leave me”. People told us that their views were listened to and said the meals and activities provided had been changed following feedback from people who lived in the home.

The staff we spoke with said that the registered provider and registered manager had established a culture of openness and of high standards being required. They said the service was focussed on providing people with a high standard of care that met their physical, psychological and emotional needs.

Throughout our inspection we saw that people were placed at the centre of the service. All the staff spent time with people and provided support in a way that focussed on the individual, their wishes and on meeting their needs.

The staff said they felt well supported by the registered manager and the registered provider. They said that they

knew who they could speak to outside of the home if they had any concerns about the service. One staff member said the registered manager was “very hands on”. They told us the registered manager worked alongside care staff supporting them and advising on how they could further improve the service that they provided to people.

People told us that the home had a good reputation in the local area. Three people told us that this was one of the reasons they had chosen to move to the service. One person told us, “My family helped me to choose this home, they’d heard it was a good service and I’m so glad we chose it”. We also spoke with a person who was visiting the home with their relative who was considering moving into residential care. They told us, “I have brought [my relative] here today to have a look round, we have been told good things about the home.”

The registered manager and registered provider had good systems to monitor the quality and safety of the service and facilities provided at the home. We saw that checks had been carried out to ensure care records were up to date and that medication was handled safely. A senior manager in the organisation also carried out regular unannounced visits to the service. At these visits they checked the quality and safety of the environment and spoke with staff and people who lived in the home. This meant that, as well as staff in the home asking for people’s views, they were also given the opportunity to express their views to a senior person in the organisation. This helped the registered provider to maintain oversight of the home to ensure people received a high quality service. People were protected against the risk of harm because the registered provider had systems to assess the quality and safety of the service.