Ranyard Charitable Trust

Ranyard at Mulberry House

Inspection report

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Ratings

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

Overall summary

Ranyard at Mulberry House provides nursing care for up to 48 older people, some of whom have dementia. When we visited the home there were 32 people living there. Ranyard at Mulberry House was last inspected on 7 August 2014 when we found the service was not meeting the regulations in relation to people's medicines, maintaining equipment, supporting workers, and meeting the needs of people who had unintentional weight loss. We asked for improvements to be made.

This inspection took place on 10, 11 and 18 March 2015 and was unannounced. We found improvements had been made to the way the home managed people's medicines and people received their medicines safely as prescribed. Equipment was maintained and was safe to use. Staff received regular supervision and appraisals of their work to ensure they had the skills to support people appropriately. Staff assessed people's nutritional needs and gave people effective support to eat and drink safely.

Ranyard at Mulberry House is required to have 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

Summary of findings

'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.

At the time of this inspection there was not a registered manager in place. The previous post holder had left the home in January 2015. Recruitment to the post was underway at the time of the inspection and an appointment was made. The deputy manager was providing day to day management of the home. Representatives from the provider were supporting her in the role.

People received care and support in a safe way. Risks associated with people's conditions and care needs were considered and managed.

The provider had issued copies of the safeguarding and whistleblowing procedures to staff and ensured they understood the action to take in response to concerns about people's safety. Training in these topics was arranged for April and May 2015.

There was an adequate number of staff to provide safe care for people. People had the opportunity to see health professionals when they needed to and staff acted on their advice. People were treated with kindness, patience and respect.

People and their relatives knew how to make a complaint. The deputy manager Investigated complaints thoroughly and sent people a response to their complaints.

Although a training plan had been developed it did not include some topics essential to provide care for people living at the home, including caring for people with dementia.

The views of people were not always obtained when planning the menus and activities and some people were dissatisfied with the meals and the activity programme. The cultural and religious needs of people were not always considered and met. The views of people were not always used to improve the service they received.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The home was safe. People received their medicines were safely as prescribed. Assessments identified risks to people and management plans to reduce the risks were in place.

Staffing levels were appropriate to keep people safe.

Staff knew the action to take if they were concerned about people's safety.

Good

Is the service effective?

Some aspects of the home were not effective. Training which staff had received and was planned did not address all of the essential areas for them to be aware of to meet the needs of the people living in the home.

Training in the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards was planned to increase staff awareness of protecting people using the law.

People received improved attention to their nutritional needs. However people's preferences were not fully considered in the menu planning.

People's health needs were addressed as they had access to healthcare professionals and staff took account of their advice.

Requires Improvement

Is the service caring?

Staff were caring. People were treated with respect, kindness and compassion.

People's dignity and privacy was respected.

Good

Is the service responsive?

Some aspects of the home were not responsive. Care plans did not adequately address how people's spiritual and religious needs would be met.

People were positive about the care they received and visitors told us they were satisfied with the way their relatives were cared for.

People knew how to complain and complaints were properly investigated.

Requires Improvement

Is the service well-led?

Some aspects of the home were not well- led. People's views were not always used to improve the care provided.

There was no registered manager in post but plans were in place to recruit a new registered manager. We will be keeping this under review to ensure the service has a registered manager. Interim management arrangements were in place.

Requires Improvement

Summary of findings

Auditing systems had been introduced to monitor the running of the home. Notifications to the Care Quality Commission were made as required.

Ranyard at Mulberry House

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.

The inspection team was an inspector, two pharmacist 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.

Before our visit we looked at information we held about the home, including notifications about events the registered person is required to tell is about.

While we were at the home we spoke with ten people, two relatives and eight staff, including members of the care, nursing and management teams. We spoke with the GP and the local authority commissioner of the service. We looked at 23 medicines administration records and five care records. We also looked at three staff files and other records concerned with complaints, accidents and incidents, and health and safety records. We undertook general observations of how people were treated by staff and how they received their care and support throughout the service. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we spoke with two specialist nurses.

Good

Is the service safe?

Our findings

People told us they felt safe at the home, one person said "I have no worries about my safety" and another person said "I feel safe". A relative told us, "I have never seen anything unsafe."

At our inspection in July and August 2014 we found that the provider had not protected people against the risk of unsafe medicine administration and did not have in place appropriate arrangements for the management of medicines. In November 2014 the provider sent us an action plan setting out how they were going to meet these shortfalls. At this inspection we looked at how medicines were being managed in the home.

People told us they received their prescribed medicines. We checked medicine administration records. We found improvements in record keeping, with no unexplained omissions in the administration records. People who were unable to swallow tablets whole had written instructions signed by their doctor to authorise tablets to be crushed before administration.

We observed that medicines were stored securely, and the temperatures of the medicines refrigerators and storage rooms were recorded daily.

There were no protocols for nurses to follow to ensure that medicines prescribed to be taken 'when required' were given consistently and correctly. There was a risk that people may not have received their 'when required' medicines when they needed them and as prescribed. We saw a new protocol which had been developed for 'when required' medicines. The deputy manager told us this protocols was due to be implemented in the next two weeks to ensure people received their 'when required medicines' safely.

The provider should note for medicines administered as skin patches there was no record of the application site, so it was unclear whether a different area of skin was used each time the patch was changed to avoid damage to the skin.

At our last inspection we found that people were at risk because the provider had not adequately maintained equipment such as hoists which staff used to support people to move. At this inspection we found that all hoists had been serviced and each person who needed to use a hoist had been supplied with an individual sling for their use. This helped to decrease the risk of cross infection and was in line with best practice guidance.

Staff told us they would report concerns about people's safety to the manager of the service and were confident the manager would take appropriate action to report the matter to the safeguarding authorities. Some staff told us they had not received training is safeguarding people from abuse and training records confirmed some staff had not received it or had not been trained since 2013. The provider had recognised the gap and had arranged training in safeguarding people to take place in April and May 2015. In late 2014 they had reissued the policies on safeguarding and whistleblowing for staff to read and sign to confirm that they understood the action to take if they had these concerns. The provider had cooperated with safeguarding enquiries and notifications had been made to the Care Quality Commission as required.

Care records showed there were appropriate arrangements in place to identify and manage risks to people's health and well-being. For example, a person who was assessed as being at high risk of developing pressure ulcers had a plan in place for staff to support them to change their position regularly. Records confirmed their support was delivered as planned. The person had been referred to a tissue viability nurse for advice and specialist equipment had been provided. Another person had been identified as being at risk of falls. A risk management plan was in place in response. Their care plan was reviewed in response to falls that had occurred and they were referred to the GP. The person was given the opportunity to attend a specialist falls clinic for advice.

Staffing levels were planned according to the need and number of people living at the service. During the inspection visits we observed that there were sufficient staff on duty to meet people's needs. Care workers had time to spend with people and we did not see them being rushed. We heard few call bells when we visited and those we did hear were answered promptly. Staff told us they felt there were enough staff to assist the numbers of people currently living at the home.

People were cared for by staff who had suitable skills and experience. Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work. The

Good

Is the service safe?

Information was obtained in relation to each member of staff's criminal records nurse's registration with the Nursing and Midwifery Council and employment history. Staff appointments were confirmed when staff had successfully completed a six month probationary period. During this time their competence to safely meet people's needs was assessed.

People were protected from the risk of fire. Fire safety systems were tested to ensure they were working properly. Fire alarms were tested each week and extinguishers were examined annually. Staff were aware how to respond in the event of the fire alarm being activated.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found the provider had not provided sufficient support for staff to care for people safely and to an appropriate standard. In particular the staff had not received adequate training, supervision or appraisals.

At this inspection, there remained gaps in the training required for staff. The provider acknowledged that the training records which we had previously seen were unclear and they had reviewed all staff files to establish what training had been provided and what was required. The provider was establishing a training programme to address the gaps they had identified with the assistance of an external trainer. A member of staff told us they had received training on pressure sore management and felt this had helped them in the care they provided for people. We noted that the training plan included some essential training courses, including a range of health and safety courses and safeguarding. However, the plan did not include training in other matters which were essential for staff, such as caring for people with dementia, person centred care and dignity and respect in care. We had no information to inform us when the training was last provided. Without training the provider could not be sure the staff had the knowledge and skills to provide care for people with dementia which was person-centred, took account of people's physical and mental well-being and kept up-to-date with good practice.

This was a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person told us they were asked for consent before staff provided care, saying "They [staff] ask before giving me any care." Training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) was planned to take place between late May and early July 2015. Although the deputy manager understood the principles of the legislation this would ensure the staff team had awareness of the issues. Nobody living in the home was subject to the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection.

Staff received support through supervision and had an appraisal from a senior member of the staff team and this assisted them in their work. It was planned that appraisals would take place annually. People said they felt confident in the staff and felt they knew how to look after them properly. One person described staff as "good at their jobs."

At the last inspection we found people who had unintentional weight loss did not have their needs adequately met. At this visit re found improvements had been made and staff supported people with their nutritional and dietary needs. People's needs in relation to their nutritional status were assessed using the Malnutrition Universal Screening Tool (MUST). If they were at nutritional risk they were referred to the GP and specialists for consideration of their needs. Food supplements were prescribed when necessary and people's weights were monitored. Needs arising from health conditions were catered for, for example a diet that was appropriate for people with diabetes was provided for those who required it.

Care plans were in place to ensure people had the support they required to eat and drink safely. For example, we saw that people with swallowing difficulties had a diet recommended by a speech and language therapist and dietician. Food and fluid intake charts were maintained when necessary to ensure people's intake was monitored.

At lunchtime people staff encouraged people to eat independently. Staff asked people if they wanted help with cutting food so they could eat it more easily. Some people had plate guards fitted so they could manage their meals without some spilling off the plate. There were sufficient staff to help people with their meals. Individual assistance was provided when necessary. We saw that a nurse monitored how this was provided. When a temporary member of staff seemed to be rushing a person to eat their meal the nurse told them to slow down to the pace appropriate for the person.

People gave us a range of views about the meals they were served. Some people said they enjoyed them, others said they did not. The comments about the food included descriptions of it as "excellent", "good", "okay" and "dreadful". We noted that two people brought small tins of spaghetti bolognaise to the dining room to be heated in the microwave oven for their lunch. They said they generally disliked the meals so preferred to eat the food

Requires Improvement

Is the service effective?

which they bought. Care records included people's likes and dislikes regarding foods but we felt this needed reviewing in these cases so people's preferences were considered fully.

People were supported with their healthcare needs. A relative commented that the care their relative received was satisfactory and they felt their relative's leg ulcers had been appropriately treated. The GP visited weekly and care records showed staff ensured people had access to health care professionals as necessary. Staff implemented the advice they received from health professionals in relation to how they supported people. For example, advice from a tissue viability nurse was included in a person's care plan. A healthcare professional who visited the home told us the staff requested assistance in appropriate circumstances and had implemented the advice they gave. A healthcare professional told us the staff at the home had worked well with them and their team and they had "no concerns about the standard of care at the home."

Good

Is the service caring?

Our findings

People told us the staff were friendly and caring. People's comments included several descriptions of the staff as "kind", "caring" and "nice people". Relatives told us staff were caring and people were looked after well. A healthcare professional who visited frequently said from their observations and experience they believed the service people received was "caring and compassionate".

We saw kindly and caring interactions between staff and people living at the home. A person came to a communal room looking for help. A member of staff came to their assistance, gave them reassurance and helped them with what they needed. We saw another person who received individual care to make sure they were safe. The staff member was attentive to their needs and talked with them warmly.

When we spoke with staff about people they spoke of them with respect and warmth. Staff knew people well and could tell us how they liked to be cared for and how they liked to spend their days. One staff member showed particular concern about a person they felt was isolated and was exploring ways they could relieve this for them. Another staff member showed an understanding of the importance of friendships amongst the group of people who lived in the home. They were pleased that people whose bedrooms were close together had formed a friendly group and liked spending time together.

People's dignity and privacy were respected. People told us they were treated with respect and when they were assisted with personal care tasks their bedroom doors were shut and their curtains closed. The staff team was all female so the women who lived at the home were always assisted with their personal care by someone of the same gender. Two of the men who lived there said they were not concerned there were no male carers, and one said "I feel I am treated with respect."

Staff supported people who were at the end of their lives. People's wishes regarding this time were recorded in advance care planning and other documents. For example, people who did not wish for resuscitation to be attempted in the event of an emergency had appropriately verified forms on their files. A person told us they had discussed this matter with staff and felt the conversation was handled with sensitivity and care. A relative told us staff sat with a person when they were nearing the end of their life and felt this showed care and compassion. Staff demonstrated sympathy and support to relatives whose family member had died while at the home. We saw details of a counselling and support service were on display and were available to relatives who had been bereaved.

Requires Improvement

Is the service responsive?

Our findings

People's social, cultural and religious needs were not consistently considered or addressed.

People were able to join in activities organised by the activity co-ordinator in the home. The activity programme included occasional trips out, such as visits to shops and garden centres. On one of the days of our inspection a reminiscence discussion group was held where people were encouraged to talk about their earliest memory. Other activities we heard about were music and movement, games, singing, bingo and 'pampering' sessions. One person told us they liked watching the birds in the garden and a visitor fed them regularly. However, some people felt their social needs were not adequately addressed. Five of the people we spoke with said they did not join in the activities and felt there was little choice of things to do. Two people said they would like to go out more, and one person said they would, "like to have more conversation."

Care records did not consistently explain how people's spiritual and cultural needs were addressed. We were told a church representative visited, staff said there had not been a religious service held at the home during 2015. The information about people's life history and cultural needs varied in care plans. One person's care plan had detailed information about the person's life history, family background and interests although their social care plan only stated that their activities were bingo, chatting and television. Most of the care records we saw had no reference to people's background or family history.

One person said they were asked their opinion of the care they received "plenty of times" and they felt able to tell staff what they felt. However, they and other people told us that although they had asked for changes, for example to the menu, there was little change.

Care plans reflected people's physical and health needs. Care plans were reviewed every month to be sure they reflected people's needs and changes were made more often in response to changes in people's conditions. We noted the results of the survey conducted in early 2015 showed some respondents said they were not consulted about changes to the care plans of their relatives who lived at the home.

People were positive about the care they received and visitors told us they were satisfied with the way their relatives were cared for. One relative said they visited frequently and were "happy with the way [my parent] is looked after." Another visitor commented they were "made welcome" when they visited and kept informed about any changes in their relative's health and well-being.

People and their relatives knew how to make a complaint. Records of complaints were kept and showed thorough investigations were made and responses sent to complainants. Changes were made when appropriate to prevent recurrence.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in July and August 2014 we found some staff felt unsupported and not listened to by the provider and manager of the home. At our inspection in July and August 2014 staff said they were unresponsive to their requests relating to errors in their monthly salaries and to their needs for support. Since the last inspection staff support systems have improved and staff told us the issues relating to their monthly salaries were resolved.

There were shortfalls which required management attention to ensure that feedback from people and their relatives was acted on for the purposes of continually evaluating and improving the services. For example, people's dissatisfaction with the meals was well known but had not led to changes. A survey of people living at the home was conducted in early 2015. Areas of concern raised in the survey had not been properly addressed. We asked for but have not been provided with an action plan resulting from the survey. The concerns included family members wishing to be better informed about their relatives' daily routines and care planning meetings, more activities to be provided and missing clothes.

This was a breach of Regulation 17(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previously registered manager of the service left her post in January 2015. The deputy manager was acting up into the management role and providing support to the nursing staff. Consultants assisted with the overall management of the service. One particularly focussed on human resources issues, another on clinical matters and a third was providing supervision to the staff team on a sessional basis. Since our visit a new person had been recruited to the management role and we await their application for registration as manager of the home.

Staff told us they felt there had been improvements to the management of the home. One member of staff said "It is getting better and we feel more valued." Another staff member said "Issues are dealt with promptly; things have changed for the better." Several staff said they felt more positive about their work. Staff meetings had been held and a programme for future meetings was planned so there was the opportunity for staff to raise their concerns and queries. Staff meetings were arranged so that both night and day staff could attend.

The acting manager had made notifications to the Care Quality Commission as required. Records were maintained of incidents and accidents. The records showed that events were followed up appropriately to prevent recurrence. For example when a person was injured during as moving and handling operation this was investigated and action taken to prevent recurrence. This included care plan reviews and staff guidance.

Monitoring systems had been introduced by the provider to oversee the operation of the home. The board of trustees was provided with reports at each of their meetings. The reports included a summary of safeguarding cases and complaints. Staff files, including recruitment and training records had been audited. The manager ensured that health and safety checks were completed and their outcome was monitored so action could be taken when required. The monitoring and checking of medicines management systems had improved. Daily audits had been introduced to check medicines were being administered correctly, and there was a monthly audit of medicines management systems. We saw that the results of these audits were discussed at a monthly meeting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider did not receive appropriate training to enable them to carry out the activities they were employed to perform. Staffing

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not established to seek and act on feedback from relevant persons on the services provided for the purposes of continually evaluating and improving the services. Good governance