

Wellburn Care Homes Limited

# Ryton Towers

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Ryton Towers is a residential care home providing accommodation and personal care for up to 43 people in one building with extensive gardens. The service provides support to people living with dementia and those requiring support with personal care. At the time of our inspection there were 43 people using the service.

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

People received exceptional care at the end of their lives. People were supported to make choices about end-of-life care which were respected and enacted. Relatives and staff felt supported by the management team when someone close to them passed away.

People were supported to be involved in activities and be part of the local community. Everyone we spoke to commented on the quality and variety of activities and events available to them.

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed. Medicines were managed safely.

The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Infection control measures were in place, and visiting was managed safely.

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

People and relatives said staff were kind, caring and knew people's needs and preferences well. The management team and staff went above and beyond to provide person-centred care to people. People were supported to maintain their independence and were treated with dignity and respect. Families were supported to learn about dementia and how that may affect their loved one.

There was a positive culture. Staff and relatives said the management team were supportive. Quality assurance checks were taking place, lessons had been learnt and improvements were made continuously.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 May 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ryton Towers

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 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.

#### Service and service type

Ryton Towers is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ryton Towers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team for their feedback about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who lived at Ryton Towers and 10 people's relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 8 members of staff including the registered manager, deputy manager, team leaders, care staff and the cook. We reviewed a range of records. This included 3 people's care and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were reported to the relevant authorities.
- Staff had received training in safeguarding and whistleblowing, and were able to explain what action they would take if they had concerns about someone.
- A relative said, " Yes, [Person] is safe here. She's got people here around her. The last 6 years have been quite a struggle, because I just couldn't keep [Person] safe. I know she's safe here and well looked after."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed. Assessments included appropriate person-centred mitigations, such as fall sensor mats for people at risk of falls.
- Health and safety assessments had been carried out for the building. Staff carried out checks to the building including fire safety equipment and window restrictors. Staff had undertaken fire evacuation training.
- Accidents and incidents were recorded and investigated appropriately. The management team were proactive in identifying emerging issues in relation to falls and behaviour that challenges. Healthcare support was then put in place for people.
- The management team had learnt lessons when things had gone wrong. Learning was cascaded to staff members to help prevent similar issues occurring again.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Best interest decisions and mental capacity assessments were in place for those who needed them. People's relatives and advocates were involved in care decisions when needed.

### Staffing and recruitment

- There were enough appropriately trained staff to care for people safely. Staff were recruited safely, with all necessary pre-employment checks completed in line with best practice guidance.
- A scheme was in place to share staff between the provider's services when a service was short staffed. Staffing was maintained and additional staff members were already aware of the processes and procedures in place, which meant there was less impact on people when short notice staff absences occurred.
- One relative said, "There's always lots of staff on duty and some of them have been here for years. They know the people they care for and seem very happy to be at work."
- All staff we spoke to enjoyed working at Ryton Towers. There were a number of incentive and staff recognition schemes in place to ensure staff felt valued.

### Using medicines safely

- Medicines were managed and stored safely. Medicines records were accurate. Staff had received appropriate training to manage medicines safely and their competency was regularly assessed.
- Medicine audits were carried out regularly and action taken when issues were identified.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors and visit out of the service as they wished.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. Care records included detail about how people wished to be cared for. People's relatives and advocates were involved in helping people make decisions about their care.
- Feedback from people and their relatives was overwhelmingly positive, everyone we spoke to commented on how kind and caring staff were, and how well they knew people. Comments included, "Personal care is done very well. They do it in a reassuring way," and "[Person] was very poorly last year, and staff were so proactive in getting her brought back to the home to be looked after. Staff pick up on infections very quickly." Another relative said, "The staff are thoughtful and kind. They know all of us and do a good job. Some of the staff have worked in the home for years. The ambiance is very good."
- The management team identified that people's relatives did not understand changes that were taking place in people living with dementia. This caused families upset when they saw people doing things that would be considered out of character. Where families were making decisions for people, it was difficult when they did not fully understand the changes in the person. The provider trialled giving family members the same training course in dementia as staff. This was received very well by family members and helped them understand what was happening to their relatives. The provider rolled out the scheme to other locations they manage. One relative said, "Yes, I did this [training] it was very helpful, it was interesting to learn about Dementia and all the different types. Both my parents had dementia but different types, in fact one has 3 types so it was useful. Information was clear and understandable, its help me understand [person] more and how to manage and support him. I've even shared some of it with other people to help them understand, it was really good."
- A relative said, "We were part of discussions about [person's] care plan when they first arrived. Everything we suggested is part of the plan. Personal care is done very well here." Another relative commented, "Staff know [person] well and they know what she likes to eat and what she doesn't."
- Regular residents meetings where held covering a wide range of topics. People's comments were listened to and acted on. New members of staff were introduced to people at the meeting to help people get to know the staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. People were supported to maintain their independence wherever possible. We observed lots of examples of staff treating people with dignity and respect during the inspection.
- One person's care plan detailed that they wished to donate their brain to medical science. A hospital

passport was in place which included this information to help ensure continuity of care. The person's wishes were reflected throughout every relevant section of the care plan.

- Staff noted that one person was regularly admiring staff member's earrings. She hadn't got her own ears pierced and wanted to be able to wear earrings. Staff supported the person to go and get her ears pierced, and she now loves to show off her collection of earrings and the ones she has chosen to wear for the day.
- One person explained when they shower the care staff are there but they wash themselves. They went on to say, "I can't manage my hair myself so they do that bit for me."
- One person who was sitting in the lounge was due to have an insulin injection but said they didn't feel like going to their room. Staff listened to the person's wishes and made sure the person's dignity was maintained by hold blankets to shield her from view while the injection was given.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### End of life care and support

- People received person-centred care at the end of their lives.
- People's care plans included a detailed questionnaire about how they wished to be cared for at the end of their life. People were supported to complete this with their families. The questionnaire included the following – music the person would like playing, things they would like to talk about with staff, items they want with them, any specific visitors e.g. priest.
- One person said they wanted to hold their bible with a photo of their husband in when they were close to dying. The registered manager explained the person found great comfort from having those items to hand. A relative said, "Staff couldn't have done anything more for [the person]. All the staff including [the registered manager and deputy manager] were fantastic, keeping us updated. [The person] constantly had staff with them when we weren't there, so she wasn't alone."
- A relative spoke about their parents who shared a room, "[Person A] was able to stay close to [Person B] the whole time, they shared a double bed initially and then they rearranged the room and put a hospital bed in for [Person B] so they could still share the room. It was as dignified and peaceful as it could be."
- One person did not have family of their own. The registered manager arranged for NODA (No one dies alone) charity to come and sit with them at the end of their life to ensure they had a comforting presence available for them constantly.
- The management team had sourced specialist oral care equipment for people who were nil by mouth at the end of their life. This included gels, extra soft toothbrushes, and mouth wipes to keep people's mouths hydrated.
- The management team had created a 'grab basket' which had every conceivable item needed to enable a family member to remain with their loved one instead of leaving to go home. This included deodorant for men and women, tissues, face wipes, toothbrushes, mouthwash, a wordsearch book, shower gel, and mints. A visiting health professional said, in relation to end of life care, "They keep on top of positional changes and mouth care. They are really good at informing the families what's happening. They even have a box of bits for the family to use so they don't have to leave."
- One staff member said, "If we lost a resident that I was close to [the registered manager] and [the deputy manager] are there to support me if needed. I hadn't worked in care before here and had never seen anyone who had passed away before. After we lost a resident while I was on shift one day [the deputy manager] was very supportive and explained what they do when someone dies and took me in to see the resident at peace. We all support each other. We are a lovely team here."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively supported to be part of the community in the service and the local area. The wellbeing coordinator worked with people to identify personal goals, many of which were around interests and activities.
- The management team had built up a good relationship with the local church. They identified that people love to sing and had developed a community choir. The local school learn the same songs as the people at Ryton Towers then come together to make music. Singing supports people living with dementia to improve brain activity and wellbeing.
- The registered manager said, "The school visits regularly and the people love spending time talking to the children. [People] are always very happy after the visit."
- One couple had a special wedding anniversary towards the end of the COVID restrictions. One person lived at Ryton Towers and the other lived outside the service. The management team wanted to support them to maintain their relationship as much as possible. A party for them was held in the visitors pod which was decorated with pictures of their lives together. They were served a meal which was the same as their wedding.
- The wellbeing coordinator explained that she had noticed that when she ran events such as coffee mornings or craft activities that the male residents did not join in. She spoke with them and found that they were not particularly interested in the conversation. The wellbeing coordinator created the 'Gentleman's Club' which runs weekly. Most of the men attend the club, they have wine or beer for those who want it and play dominoes or cards. They are more forthcoming with speaking to each other in the cosy environment created by the club. People and relatives commented on enjoying the Gentlemen's Club when asked about the activities. One relative said, "The activities are really good. Celebrations all the time, there's the Gentlemen's Club; he really enjoys his glass of red wine! He likes to play dominoes."
- One person said, "We have lots of activities on here; I did Tai Chi yesterday and that's on every week. We do exercises, and singsongs, and Elvis was here recently, too. The other day, we had some local children from a dance studio, doing a dance routine for us. That was lovely. We had a party for the King's Coronation this weekend, too. We sometimes do crafts and I've had my nails painting this morning."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to meet people's needs and preferences. Detailed care plans were in place to enable staff to provide person-centred care. One relative said, ""Yes, I think they are responsive. Staff know the people they care for and know what they want."
- Care plans included lots of detail about how people wanted to be cared for. They included robust 'hospital passports', which detailed everything other healthcare professionals might need to know. This meant when people needed to go to hospital all their needs could be shared quickly and easily.
- One person was supported with managing their confusion and agitation over wearing bandages. The person was trying to remove their bandages stopping their skin healing. Staff put leg warmers over the bandages that the person could twiddle without affecting the dressings. The person's skin has healed more quickly since these were introduced.
- The provider had implemented a bespoke electronic care planning system which they had developed to fit their services. Each member of staff had to log in to the system and confirm they had read the daily handover, which included specific information about people's needs on that day. All staff who were working each day including kitchen and maintenance staff were included in the handover process. This meant every staff member knew pertinent information about people in the home each day and could support them accordingly. One staff member said, "I find the electronic care planning system excellent as it is easier to access all information (about people's needs) from one place and quickly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had access to information in accessible formats.
- Key documents such as policies and information about activities was available in an easy read format in the lounge. People were reminded about how to access information in residents' meetings.
- There was dementia friendly signage around the building. People had memory boxes outside their bedrooms to help them identify which room was theirs.

Improving care quality in response to complaints or concerns

- The management team handled complaints appropriately. The service had a complaints procedure and all complaints had been dealt with in line with the procedure.
- One person said, ""I would go to [named staff member] if I had a problem and they'd sort it out for me."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive, person-centred culture. Staff working at the service were proud of the care they provided to people.
- One member of staff said, "Ryton Towers is a great place to work, it has a lovely atmosphere from walking through the door. It feels like home. Our residents and families are an absolute pleasure. The staff are amazing and really gel as a team which then impacts onto the floor and staff deliver excellent personal centred care."
- Good outcomes were achieved for people. People were supported to set goals for themselves and to achieve them.
- Staff treated people kindly. One person said, "It's lovely here. Everyone is so nice to me." Another person said, "I've been here years and it's lovely. The staff are wonderful and look after me really well. They do everyday things really well; they are kind and caring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff and managers understood their roles. The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified, action was taken to address them.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- The service engaged with people and staff to gather their views. Residents' meetings took place and covered a wide range of topics.
- Relatives were well informed about the service. One relative said, "Communication is good, and the Facebook page is very good."
- People's equality characteristics were taken into account when care was planned. People who wanted to actively take part in religious activities were supported to do so, including at the end of their lives.
- The management team had regular meetings with staff from all departments in the service. This meant issues could be addressed quickly and information about people could be shared with all staff as often as

needed. The management team work shifts that cover part of the night shift, to ensure staff have access to management whenever needed.

#### Continuous learning and improving care

- The management team were continually learning and improving. Each staff team had an ongoing action plan to carry out improvements in different areas of the service. Tasks were actioned swiftly and checks put in place to help sustain the changes.
- Ryton Towers led the way with initiatives that were used in other services managed by the provider including dementia training for relatives.

#### Working in partnership with others

- Staff worked with other healthcare professionals effectively. People were referred to specialist services such as speech and language therapists and the behaviour team in a timely manner. Regular ward rounds took place with the GP which meant people received timely healthcare interventions.
- Feedback from healthcare professionals was positive. They said that staff always followed the guidance they were given on people's care.
- The management team were working with a charity to donate equipment that was no longer required to Africa, where it could be reused sustainably.