

Risedale Estates Limited

Risedale at Abbey Meadow

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

About the service

Risedale at Abbey Meadow is a purpose built residential care home providing personal and nursing care for up to 93 people, 85 people were using the service at the time of the inspection. The service provides support to adults who have a physical disability, mental health needs, behaviour support needs, dementia and complex nursing needs.

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

People were safe and protected from abuse and avoidable harm. There were enough staff, with the appropriate skills and knowledge, to support people. People received their medicines safely and as their doctors had prescribed. The provider had systems to analyse and learn from incidents to further improve the service.

The provider invested in staff training and development and staff were well-trained and skilled. They provided people with high-quality support, based on best practice. The provider had worked with a specialist supplier to ensure the environment promoted good outcomes for people. The staff had a good understanding of how to promote people's rights. 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.

The staff treated people with kindness and respect and knew how people communicated. They promoted people's independence and dignity. People made choices about their lives and the staff respected the decisions they made. The staff provided care in an empathic way which promoted people's wellbeing.

Staff were responsive to people's needs. They planned and delivered care to meet people's needs in a holistic, person-centred way. They identified people's wishes about how they wanted to be cared for at the end of their lives and worked with specialist services to ensure people received a high standard of care. People enjoyed a range of activities which engaged them and promoted their wellbeing. Visitors were made welcome and people could see their friends and relatives at any time they chose. The provider investigated any complaints received to identify if the service could be further improved.

The registered managers provided leadership to the staff team and modelled the values of empathic, holistic, person-centred care. The staff felt well supported and were engaged with the values and ethos of the service. The provider and registered managers monitored the service to ensure people continued to receive good care. People were asked for their views about the home and valued the service provided. The provider was open and honest with people when incidents happened. They had developed a culture where staff were supported to share their views and raise any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Risedale at Abbey Meadow

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 Care Act 2014.

Inspection team

The inspection was carried out by four inspectors and two Experts 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

Risedale at Abbey Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had four managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 14 visitors. We spoke with the four registered managers,

nine care staff and three ancillary staff. We also spoke with a visiting healthcare professional, the provider's managing director and their nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how staff interacted with people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. We also reviewed a range of records relating to the management of the home and how the provider assessed the quality and safety of the service.

After the inspection

We received feedback from a specialist healthcare professional who supported people who lived in the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had good systems to ensure people were protected from abuse. The staff were trained in how to identify and report abuse. They told us they would be confident raising any concerns and knew action would be taken if they shared concerns with the provider. One staff member told us, "They [management team] would want us to raise any concerns."
- People told us they trusted the staff and felt safe with them. One person told us, "I feel safe because I know I am looked after."

Assessing risk, safety monitoring and management

- People were protected from risks and avoidable harm. The staff identified risks to people's safety and protected people from harm. Risk assessments identified how people may be at risk of harm and the actions for staff to take to manage risks. The staff used the risk assessments positively, so people were able to make choices and maintain their independence.
- The provider monitored all incidents in the home to identify any areas where further action could be taken to ensure people's safety.

Staffing and recruitment

- There were enough staff, with the appropriate skills and qualifications, to meet people's needs.
- The registered managers reviewed staffing levels on each unit to ensure they were suitable to meet people's needs. They told us they increased staffing levels when needed to meet people's changing needs.
- The provider continued to use safe recruitment systems to check new staff were suitable to work in the home. They took prompt action, as required, to address any issues with staff performance or behaviour.

Using medicines safely

- The provider had safe systems to manage people's medicines and people received their medicines as their doctors had prescribed.
- Medicines were stored securely to prevent their misuse. The provider kept up-to-date with best practice in handling and storing medicines.
- The provider had carried out a detailed analysis of any errors in the recording or administration of people's medicines to identify how further improvements could be made.

Preventing and controlling infection

- People were protected from the risk of the spread of infection. The home was clean and hygienic. People told us staff kept the home clean. One relative told us, "The cleaners are very good, the place is spotless."

- Staff were trained in how to protect people from infection and they followed best practice to prevent cross infection.

Learning lessons when things go wrong

- The provider had systems for monitoring the safety of the service and learning lessons from incidents. They analysed safety incidents, medication errors and any concerns received to identify how the service could be further improved.
- Staff were designated as 'champions' in specific areas of care, and they shared their learning across the team to further improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service adopted a holistic approach to assessing, planning and delivering care and support to people. Assessments had been completed in thorough detail and included expected outcomes based on people's needs and choices.
- People received good care which was based on best practice and which promoted a good quality of life. The staff were knowledgeable about how to support people. They provided individualised, person-centred care and had a good understanding of the conditions people were living with. A visitor told us, "If anyone needed care for [specific condition], this would be the place to come ... very high standards."
- Senior managers at the service worked with organisations who were recognised as developers of best practice. They shared their knowledge with the staff team to ensure people who had complex needs received a good standard of care. They had also worked with local health and social care providers to share best practice and improve the quality of care provided to people in the local area.

Staff support: induction, training, skills and experience

- The provider had very good staff training and development programmes. They had developed a training programme with a local and national university to give the staff opportunities to study for nursing qualifications.
- Staff told us they were aware they had the opportunity to complete formal training to progress in their careers. One staff member told us, "The training is amazing." Another told us the training was 'brilliant'.
- The provider had their own training centre. All new staff completed a thorough induction programme before starting work in the home. The provider had also arranged for staff to have training to meet people's specific needs.
- Staff applied their learning in practice. They used skills they learnt to improve people's quality of life. A visitor told us the care provided had reduced the frustration their relative experienced. They said this had improved their relative's wellbeing and enhanced their life.
- The provider had good systems to support staff. The registered managers were skilled and provided leadership for the staff, modelling best practice in caring for people in a person-centred way. The provider arranged for supernumerary senior nurses to provide additional support to staff working during the night. The senior nurses provided additional guidance to the staff on how to support people who had complex needs or who were unwell.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff supported people to enjoy their meals and to eat and drink enough to maintain their health. They knew people's preferences about their meals, drinks and snacks. They encouraged people to make

healthy eating choices by ensuring healthy meals and snacks were available.

- Mealtimes were pleasant, social occasions. Visitors were able to have a meal with their relatives if they wished.
- Where people needed assistance from staff to enjoy their meals, this was provided discreetly as individuals needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with appropriate local and specialist services to provide holistic, joined-up care to meet people's needs. They promptly identified changes in people's health and arranged for the support they required. People were supported to access routine healthcare support from their doctors, dentists and opticians.
- Guidance given by healthcare professionals was included in people's care records to guide the staff in the home on how to support them to maintain good health.

Adapting service, design, decoration to meet people's needs

- The service was designed, and purpose built to meet people's needs. The provider had worked with a specialist supplier to ensure the decoration and equipment in each area was based on best practice in supporting people's welfare, wellbeing and safety.
- The provider invested in the continuous development of the environment to ensure it met people's needs and provided a safe and comfortable place for people to live and work.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a very good understanding of the MCA and how to respect people's rights. They asked people for their consent before providing their care and knew how people communicated their wishes.
- Where people did not have the capacity to make important decisions about their care, decisions were made in their best interests. Some people required restrictions placed on their liberty to ensure their safety. Applications had been made to the local authority, as required, to ensure they received the support they needed to maintain their safety.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. They provided care in an empathic and person-centred way and spoke to and about people with respect. People told us staff were always kind. One person told us, "They [staff] are so kind." Another person said, "They [staff] are excellent, I am well treated."
- Staff knew people well. They knew when people needed emotional support and provided it sensitively.

Supporting people to express their views and be involved in making decisions about their care

- Care records guided staff on how to support people to make choices and decisions about their care.
- Staff knew how people expressed their wishes and gave them time and the support they needed to make choices.
- People told us they made choices about their lives and said staff respected the decisions they made. One person told us, "I get up and go to bed when I want and they [staff] say 'It is alright love you take your time' and they mean it".

Respecting and promoting people's privacy, dignity and independence

- Staff were very respectful to people and promoted their dignity and independence. They understood how people may express themselves by their behaviour and were supportive and non-judgemental of people who communicated in this way.
- Staff gave people the time and guidance they needed to carry out tasks themselves and to maintain their skills and independence. They knew the equipment people needed to support their independence and ensured these were available as people required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

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

- Staff were responsive to people's needs. They worked hard to anticipate people's needs and to understand people's behaviours. They responded to people's behaviours in a respectful, positive and appropriate way. This had a positive impact on people's wellbeing and quality of life.
- People's needs and preferences were central to the planning and delivery of care. Staff gathered detailed information about people's lives before they moved into the home including their likes, dislikes and interests. This helped the staff to provide support in a person-centred way that took account of people's preferences.
- The provider developed a care plan for each person to guide staff on how to provide their support. The care plans included information about people's emotional, psychological, physical, spiritual and cultural needs.
- People enjoyed a range of activities either in groups or on their own with staff. Activities included entertainers visiting the home, trips to local towns and individual activities such as hand massages. People told us they could suggest places they wanted to visit, and staff tried to arrange this. One person told us, "They have a lot of activities; singers come in and they take people out. If you want anything they will get it for you". Another person said, "I like the singers, I go out for meals and a drink, I do crafts."
- Staff understood the benefit of providing tactile activities. They were attentive to people's moods and held people's hands and gave them appropriate hugs if they were distressed or anxious. A relative told us, "They [staff] sing to her and do her nails and put cream on her hands, touching, she likes that."
- People told us their visitors were made welcome and they could see their families and friends as they wished. This was confirmed by visitors. They told us they could enjoy a meal with their relative if they wished and said the staff always offered them a drink when they visited. One relative told us, "We have been invited to lunch on Christmas day."

End of life care and support

- Staff provided very responsive care and support to people who were reaching the end of their lives and to their families. The service had a clear and well-established strategy for supporting people and their relatives as they reached the end of their lives.
- A healthcare professional said, "I have witnessed the care and consideration given to both residents and their loved ones ... staff have remained totally focused on providing individualised care, tailored to the wishes and needs of each resident. They have been excellent at communicating with the resident, their loved ones, other care providers and myself."
- Staff were passionate about providing high-quality care to people at the end of their lives. They had

worked with other agencies to support one individual to return to the home to be cared for in their final days. The person's relative told us this had been very important to the individual and their family. They told us they had observed how returning to the home had improved their relative's quality of life in their final days. They told us their relative had "started to smile again" after they returned to the home.

- The provider had an integrated approach to supporting people and their families to make decisions about end of life care. Staff were trained in Advance Care Planning and skilled at speaking to people about their wishes.
- There was a senior nurse who was responsible for overseeing the end of life care for people. They had links with local organisations who specialised in best practice in supporting people as they reached the end of their lives. They had worked with the specialist organisations to ensure people in the home and local community received excellent care at the end of their lives.
- The staff had the skills and knowledge to provide high-quality care to people. The service had achieved accreditation to the nationally recognised 'Gold Standard Framework' (GSF) for end of life care. This model of good practice enabled a 'gold standard' of care for all people at the end of their lives.
- The GSF focuses on systems changes within a service that are centred on high standards of end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. The approach being taken meant staff responded quickly to changing health needs and had reduced people being transferred to hospital for care when they wanted to stay in their home with familiar staff and surroundings at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff gathered detailed information about how people communicated and any assistance they needed to understand information and to share their views.
- People's communication needs and preferences were recorded in their care records. Staff supported people's communication needs. They shared information about how people communicated with other services, as appropriate.

Improving care quality in response to complaints or concerns

- The provider was committed to improving care in response to complaints or concerns.
- They had a procedure for receiving and responding to complaints. Any complaints received were investigated thoroughly to identify if further improvements could be made to the service. People told us they would speak to a member of staff or to the registered managers if they had any concerns about the service.
- The complaints procedure was available in alternative formats, to ensure it was accessible for people.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has been rated as 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; Continuous learning and improving care

- The provider was committed to providing people with high-quality care and to the continuous improvement of the service. They employed four registered managers to oversee different areas of the home. Each of the registered managers had specific skills and knowledge relevant to meeting people's needs. The registered managers modelled the values of empathic, holistic, person-centred care. They engaged staff with the values and ethos of the home and supported the staff team to provide people with high-quality care.
- The provider supported the registered managers to attend additional training to keep up-to-date with best practice and to enhance their skills to further improve the care provided
- Staff saw each person as a valued individual. They used person-centred strategies, based on recognised best practice, to positively support people's wellbeing. Relatives described how this had enhanced people's lives and reduced their anxiety.
- People told us they valued the service provided and would recommend it to others. One relative told us, "I am more than happy, it was a stroke of luck that we got [relative] in here." Another relative said the home was "perfect".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers were very clear about their roles and responsibilities. They, the provider and staff were all committed to the continuous improvement of the service. The provider continued to invest in the service and the staff employed. The focus of the service was on providing people with high-quality, personalised care and the provider and registered managers continued to have well-established systems to assess the quality of the service and to identify where it could be further improved
- The registered managers, provider and staff understood how to meet the requirements of regulations. They carried out robust checks on the service to ensure legal requirements were met and people were provided with high-quality, safe and effective care. A staff member told us, "From the very top, directors down, it has always been about the residents."
- The provider had established and promoted a no blame culture and staff were supported to speak up if they identified any errors or failings in the service. Staff were confident to raise concerns and knew the provider would take action, as required.

Working in partnership with others

- The provider and registered managers worked proactively with a range of services to ensure people promptly received the support they required. The effective cooperative working had led to people receiving support more promptly and reduced the need for people to be admitted to hospital.
- The registered managers had established effective and consistent working relationships with the agencies who commissioned the service and with local and specialist services which supported people. Professionals who worked with the service gave very positive feedback about the care provided.

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

- The provider and registered managers were very clear about their responsibilities under the duty of candour. They were open with people where incidents happened in the home. They ensured information was shared with people and their relatives and apologised, as appropriate, when incidents occurred.

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

- The registered managers and staff used a variety of formal and informal methods to engage people and their visitors and to gather their views about the service. The provider carried out an annual survey to ask people for their views. People were also given the opportunity to attend regular meetings where the service was discussed and where they could suggest further improvements or new activities they would like to try.
- All the staff in the home were given opportunities to share their views of the service and suggest how it could be further improved. The staff told us they were happy in their roles and felt engaged with the ethos and aims of the service.