Methodist Homes

Ryelands

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

Ryelands is a care home that can accommodate and provide personal care and support for up to 50 older people. The service consists of two units, Ryelands and Brooklands. Ryelands can accommodate up to 32 people while Brooklands can accommodate 18 people and specialises in supporting people living with dementia or those at the end of their life. There were 49 people living in the home at the time of our inspection.

When we last visited the home on 22 September 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

The service did not have a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. However, a manager was in post who was at the final stage of the application process to register with us. Shortly after our inspection we received confirmation they were fully registered with us.

People were protected from abuse and improper treatment. The provider had systems in place to respond to allegations of abuse to keep people safe and staff understood their role in safeguarding people, well. Risks to people were reduced as staff assessed risks and put management plans in place for staff to follow. Risks relating to medicines management were reduced as staff stored, administered, recorded and disposed of medicines safely.

The provider had processes in place to learn and improve when things went wrong. The provider had robust systems to review any accidents and incidents to ensure people received the right support and that learning was shared across the organisation.

The premises and equipment were managed safely and the premises were clean and hygienic with good infection control practices in place. The premises met people's support needs and the provider had adaptations in place to cater for the needs of people living with dementia. There were enough staff deployed to support people and the provider checked staff were suitable to work with people by carrying out recruitment checks.

People received care in line with the Mental Capacity Act 2005 and the provider applied for and followed authorisations to deprive people of their liberty as part of keeping them safe. The provider supported staff to understand their responsibilities in line with the MCA by providing regular training and workshops.

People were supported by staff who were supported and received induction, training, supervision and

appraisal to understand their role. There were enough staff to care for people and staff were recruited via robust processes to check they were safe to work with people.

People were supported to live healthier lives with a choice of food in line with any dietary needs. Staff supported people in relation to their health care needs. The service worked well with other organisations in providing care to people and helped people transition between services, such as being admitted to hospital.

Staff were kind and caring and knew the people they were caring for. People were involved in decisions relating to their care and staff understood the best ways to communicate with people. Relatives could visit people at any time and staff made them feel welcome.

People's care plans contained sufficient detail to be reliable for staff to follow in caring for people. The provider regularly reviewed people's care plans so information remained current. People were supported to participate in activities the service provided, although some people felt a wider range of activities could be developed. The provider told us they would review the activity programme.

The provider investigated and responded to complaints appropriately. The provider encouraged people and relatives to feedback their views and experiences of the service.

The manager was new in post but knew the service well as they were previously the deputy manager. They had gained experience as a registered manager at other services in the provider's organisation and had a good understanding of their role and responsibilities, as did staff. Leadership was visible and capable at all levels.

The provider was effective in monitoring, assessing and improving the service with a range of audits in place to check the quality of service. The manager was well supported by the provider in overseeing the service and providing care to a high standard. The manager encouraged open communication with people and staff.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Ryelands

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 28 November 2017 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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. We also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke with eight people who lived at the home, two relatives, the manager, the deputy manager, five care workers, a senior care worker, the chef and the quality business partner. We also spoke with an end of life specialist nurse who supports the service. We also spent time observing care and support being delivered in communal areas. We 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 looked at care documents for five people, medicines records, three staff files and records that related to the management of the service. We also viewed the most recent quality monitoring report carried out by the local authority.

Good

Is the service safe?

Our findings

People continued to be safeguarded from abuse and improper treatment. People told us they felt safe in the service and with the staff who supported them and relatives agreed the service was safe. One relative said, "He became part of the community straight away, and now he has dementia [my family member] knows he's safe and feels secure." Staff understood the signs people may be being abused and how to report this both internally and externally if necessary. Staff received annual training in safeguarding to help them keep their knowledge current. In addition the quality business partner had held workshops with staff to support them in further understanding their role in safeguarding.

People were supported appropriately in relation to behaviour which challenged the service. The provider referred people to relevant professionals if they displayed behaviour such as aggression which staff found challenging. Staff then worked closely with the professionals to monitor people's behaviour, identify triggers and to work in ways to reduce the behaviour. Staff also received training in positive behaviour management to help them understand the best ways to support people to reduce their behaviours, as part of keeping them safe.

Risks relating to people's care were managed by the provider. The provider identified and assessed risks to people and put management plans in place for staff to follow in reducing the risks. This included risks relating to physical and mental health conditions, moving and handling, pressure ulcers and falls. However, we observed one person who spent all of their time in bed did not have a system in place to reduce risks relating to falling from bed, such as bed rails or a crash mat by the side of the bed. Staff told us the person was immobile so there was no risk they would fall from bed. However, the provider had not identified there was a risk the person may fall from bed during a fit relating to their dementia, even without a history of such fits. When we spoke with the manager regarding this they told us they would immediately review the risk assessment and management plan in light of our feedback.

People lived in premises which were safe and well maintained. The provider ensured appropriately qualified people regularly checked the electricity, hot water systems, water safety, gas safety, portable electrical appliances, fire safety and lifting equipment. A maintenance team carried out regular checks of safety of the premises including fire safety, window restrictors to reduce the risk of falls from height, hot water temperatures to reduce the risk of scalding and trip hazards. Any repairs were carried out promptly and a programme of minor renovations was in place which included replacing some flooring and some decorating.

People were protected from risks relating to infection control. Comments received from people and relatives included, "Cleanliness is excellent" and "The laundry are excellent." We observed the service was clean during our inspection and people and relatives confirmed this was always the case. A team of domestic staff was employed to maintain high standards of cleanliness. A head housekeeper carried out daily checks of cleanliness and quarterly infection control audits were carried out to ensure the service followed best practice. Standards of cleanliness and infection control in the kitchen were also high and a recent inspection by the food standards agency awarded the service the highest rating. All staff received training in infection

control to understand their responsibilities in relation to this. The service had recently successfully supported a person with an infectious disease to recover from this. The service informed the necessary external organisations of the infection and followed best practice in preventing the disease from spreading within the home.

Risks to people were also reduced because the provider had systems to learn when things went wrong. The manager reviewed all incidents such as falls, safeguarding allegations, allegations of staff misconduct and accidents and incidents promptly to ensure people received the right support. Then the manager forwarded the details to the quality business partner for further review and the provider began any necessary investigations. The quality business partner discussed all incidents at meetings across the region with the HR business partner, area manager and area support manager each month to ensure systems were put in place to reduce the risk of reoccurrence. The board also reviewed all incidents and learning was then shared across the organisation, including at monthly meetings for managers across the region, staff meetings and also in news articles on the intranet for staff to read.

People were supported by sufficient numbers of staff to keep them safe. Most people and relatives told us there were enough staff to support people. One relative said, "We've been through a time when [staff numbers have] been pretty thin, but it's now even better than it was before". However, one person told us, "Sometimes it's a bit short in the evenings. It's quite different in the day, there's plenty about." During our inspection we observed there were always staff present in the communal lounges of the service to support people. There were sufficient staff to support people during mealtimes including people who required support to eat in their rooms. The quality business partner carried out regular checks to see how long people waited to receive care when they rang their call bells. The checks showed call bells were usually answered very promptly. The quality business partner told us they would speak with people to gather their experiences on how long they had had to wait to receive care and would carry out checks during the evenings in light of the comment we fed back.

The provider carried out recruitment checks on staff so people received support from suitable staff. The provider checked the experience, qualifications, work history, including obtaining references from former employers, right to work in the UK and also checked for any criminal records. We identified the provider had allowed a member of staff to start work even though they had not returned their health declaration. This meant the provider may not always carry out checks to identify if staff required any reasonable adjustments to their role before they commenced employment. The quality business partner contacted the central team who carry out recruitment checks to inform them of the oversight and told us they would audit all staff files to check for any other staff where this may be missing.

People's medicines were managed safely by staff. People and relatives told us medication was given at the right times, and a relative confirmed staff stayed until the person had taken it. Only senior care workers, who received annual training in medicines management and checks of their competence, administered medicines to people. Our checks of medicines in stock and medicines records indicated people received their medicines as prescribed. The provider stored medicines safely and had systems to ensure there were sufficient stocks in place so medicines did not run out. Two staff checked all medicines received by the home and clearly recorded this on medicines records. Medicines were also safely disposed of at the Pharmacy and the expected records of this were in place. The provider carried out regular audits of medicines management and a recent audit by the pharmacy confirmed medicines practices were safe and in line with best practice.

Good

Is the service effective?

Our findings

People were supported by staff who were supported with induction, training, supervision and appraisal supervision and annual appraisal. The induction followed the Care Certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant staff reached the expected standards during their probationary period. All staff completed annual mandatory training which included dementia awareness, moving and handling, safeguarding, fire safety and infection control. Care workers were also supported to complete diplomas in health and social care including diplomas in leadership and management training for managers. Staff also completed training in end of life care which staff told us was exceptional. The quality business partner confirmed there was a period of around three months earlier in the year when staff did not receive regular supervision because there was no manager in post. However, the new manager had put in place a programme of supervision for all staff across the home and staff told us they felt well supported by the new manager. Staff received annual appraisal to review their performance over the year and set goals for personal development the coming year.

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 received care in line with the MCA. The provider obtained written consent from people regarding their care package where they were able to give this. Where there was reason to believe people lacked capacity to consent the provider carried out MCA assessments to determine this and then held meetings with others involved in people's care to make decisions in their best interests. The provider also kept records of MCA assessments and decisions not to resuscitate people in a medical emergency when they lacked capacity to decide this themselves. Staff understood their role in relation to the MCA. All staff received training on this each year. In addition, the quality business partner held workshops with senior care workers to help them understand how to apply the MCA in the way they supported people each day. These workshops were planned to be held for all staff in the service to further their understanding.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made applications to deprive people of their liberty as part of keeping them safe and kept these under review. Staff were aware of which people had DoLS authorised and any conditions as part of these.

People received the right support in relation to eating and drinking. People gave us positive feedback about the food they received. A relative told us, "The foods fine and quite varied and there's always something soft so [my family member] can eat". We observed a mealtime and saw people received choice of food at the

point of service. The chef had a good knowledge of people's dietary needs and preferences and knew details such as people who were losing weight and had been assessed as requiring more calories. People received food in line with any dietary needs and preferences such as diabetic meals and meals prepared following guidance from speech and language therapists to reduce the risk of choking. We observed people were frequently offered a choice of drinks. Staff monitored one person's fluids as they were at risk of dehydration and the provider worked closely with medical professionals to ensure the fluid charts were used effectively. The chef confirmed meal choices according to people's ethnic and cultural preferences were available. However, people in ethnic minority groups preferred to eat traditional British and European foods which were the mainstay of the menu.

People were supported to live healthier lives. Staff monitored people's health as far as possible, such as monitoring their weight, pressure areas and other issues. Staff supported people to see their GP and other health professionals where necessary, such as the mental health team, speech and language therapists, dietitians, dentists and opticians. The provider kept records of appointments and incorporated advice from professionals into people's care plans for staff to follow.

People were supported to transition between healthcare services. The provider was involved in the Vanguard Scheme run by the local authority. This meant the provider had information about people which was readily available to pass to hospital staff should a person be admitted in an emergency. The service also ensured the person went to hospital with a supply of medicines so there was no delay in them receiving them.

The service was adapted to meet the needs of older people, including those living with dementia, well. Brooklands, the unit for people living with dementia, incorporated some adaptations to help meet people's dementia-related needs. Display cabinets had been built into the walls outside each person's door as a 'memory box' to place pictures of people or items that were important to them to help orientate themselves. There were ample tactile displays on the walls which people could occupy themselves with, such as different types of locks, knobs and buttons. The provider told us they were replacing some furniture which they identified was too low and some people struggled to stand from.

Good

Is the service caring?

Our findings

People and their relatives all spoke positively about the staff who supported them. One person said, "It's a lovely home. They've looked after me very well. It's just like home." A relative told us, "Staff are caring. I've never had the slightest concern in how [my family member] is looked after." A second relative said, "Staff are very caring, kind and respectful. They communicate really well and interact really positively with people". During our inspection we observed staff interacting with people in a kind, caring manner. For example, during lunch we saw a staff member supporting one person to eat. The staff member sat at the same level as the person and spoke in a reassuring manner to them to encourage them to eat. The staff member made good eye contact with the person, smiled kindly at them and held their hand when the person indicated they wanted this. We observed staff interacting with people in the communal parts of the service enjoying warm conversations and humour. When a person was waiting to use a facility staff took a chair and offered the person a seat which they appeared appreciative of.

People were supported by staff who knew them well. People told us staff knew them well and our discussions with staff confirmed this. A relative said, "They know [my family member] so well, I feel totally confident with her here in their care. They also know how to listen to her `hot spots', they work with her so well". A professional told us staff could always provide them with detailed information about people whenever they asked.

Staff understood the best ways to communicate with people. We observed when staff spoke with people they knew how to adapt their speech to aid communication, for example, using repetition and checking they were understood for a person with dementia. At lunchtime staff showed dishes of the available meals to people who may find words difficult to understand so they could more easily indicate their preferred choice. We observed the manager spoke in a different language to a person when they interacted with them and it was clear the person enjoyed conversing in this language.

People's dignity and privacy was respected by staff. We observed staff closed doors when providing personal care to people. When staff supported a person to transfer using a hoist in a communal lounge staff placing a screen besides them to maintain their dignity and privacy. Staff were careful to ensure the person's clothes did not ride up and expose them during the transfer. Staff supported people to maintain their personal appearance and people wore clean, matching clothes which were appropriate for the season. Hairdressers visited the service each week to help people maintain hair in the home's fully equipped hair salon.

People were able to receive visits from relatives and friends at any time. A relative told us, "We're always met by name." People were able to receive visitors in their rooms or in any of the communal areas, including the quieter small lounges across the service. In this way people were able to meet those that mattered to them in private.

People were involved in decisions regarding their care. A relative told us, "Staff look after [my family member] how he likes." People told us they were able to choose how they spent their day, including the

time they went to bed and got up in the morning. People were also able to choose how they received their personal care and they could choose between baths and showers. People also received their choice of food and food was available at any time people requested this. There was a drinks station in the Ryelands communal lounge where people and relatives could help themselves to drinks and snacks. A staff member was constantly available to offer refreshments to those who were unable to serve themselves.

People were encouraged and supported to be as independent as they wanted to be. A relative told us, "Staff encourage [my family member] to be as independent as possible, although he has issues with [some things]." Staff confirmed they encouraged people to continue to do some things for themselves, such as make drinks in the kitchenettes in people's rooms.

Good

Is the service responsive?

Our findings

People's plans were useful to staff in learning about people because they contained sufficient detail. People's care plans reflected their physical, mental, emotional and social needs. In addition people's care plans contained details about their background, people who were important to them, preferences, interests and aspirations. The manager told us they were reviewing the care plans to make them even more person-centred, reflecting more details of how people wanted to receive their care and their aspirations. People were involved in developing and reviewing their care plans, along with their relatives. The provider met with people and their families to gather information about them and their preferences and used this, as well as any professional reports, to develop their care plans. The provider reviewed people's care with them and other professionals involved in their care every six to twelve months. The provider recorded people's views in relation to their care to ensure a clear audit and made any improvements necessary.

People received appropriate support at the end of their lives. The provider worked closely with an end of life nurse who helped identify people who may be in the last year of their lives and supported staff in preparing an advanced care plan with them and their families. Staff also received training in how to provide good end of life care including how to ensure people's wishes were respected. The manager told us how recently the service supported a person to pass away in the service as this was their preferred place to die. The nurse told us the service worked well with other professionals involved in people's care at the end of their life.

People were encouraged to take part in activities on offer in the home. Most people told us they were satisfied with the activities on offer. However, one person told us the activities were not suited to people who were not living with dementia and they would like entertainers to visit. When we fed this back to the provider they told us they would review the activities schedule and incorporate an entertainer who had often visited the service previously. People told us they had enough opportunities to engage in meaningful activities. Activities were organised by activity officers, the chaplain and volunteers at the service. During our inspection we observed the chaplain facilitate a gentle exercise session which people told us they enjoyed. Other activities included providing a mobile shop for people to purchase every day essentials; quizzes; bingo; reflexology and arts and crafts sessions. As a Methodist home a Methodist minister provided daily services to people to help meet their religious needs. The manager told us they would support people of other beliefs to meet any religious needs they had and in the past had had a minister of a different denomination visit a person at the home. The service operated a 'seize the day' event where staff helped people plan a special activity on a day significant to them. The manager told us there had not been many such days in the period when there was no manager, but they planned to continue seize the day events.

The provider had a suitable complaints process in place. A relative told us, "I've never had to make a complaint. Whenever I've wanted something done differently it's happened." Another relative said, "Staff are very responsive to suggestions". People told us they knew how to complain and had confidence the manager would respond appropriately. Records of complaints made showed the provider investigated and responded in accordance with their policy. People were provided with details of the complaints procedure when they came to live at the service.

Good

Is the service well-led?

Our findings

The service was well-led by a strong management team. A relative told us, "A bomb of happiness went off here when we all knew, and especially the staff, that [the manager] would be returning. It was fantastic news". A second relative said, "It's been brilliant since the manager came back." A person told us, "The manager is very approachable, a lovely person". Another person said, "The manager just pitches in. She never just stands by. It's definitely well led now." The manager had worked at the service for many years previously as the deputy manager before gaining experience as a registered manager at other services in the organisation. They had managed the service for a few months and people and relatives commented they had made significant improvements in that short time and had greatly improved the atmosphere of the home. The manager was in the final stages of registering with the CQC during our inspection and soon after we received confirmation they were fully registered with us. Our discussions with the manager showed they had a good understanding of their role.

An effective management structure was in place. A restructure had taken place since our inspection and the new role of the quality business partner was created. This role involved assessing and monitoring the service as well as supporting the manager to make improvements. The quality business partner told us the role was an improvement on the previous role as it allowed them to spend more time at the service and provide more effective support including workshops to provide staff with detailed knowledge on key areas. The manager was also supported by the area manager who also regularly visited the service and carried out audits, gather people's experiences and identify improvements. The provider had recently recruited a deputy manager who was due to start at the service in the next few weeks.

Leadership was visible in the service. Senior care workers oversaw each shift and were visible in supporting staff across the service. The manager was also visible and confirmed they began each day by greeting people across the home. The roles and responsibilities were clear and from our discussions with staff it was clear staff at all levels had a good understanding of what was expected of them. For example, senior staff oversaw medicines management and reviewed care documentation each month. Our discussions with staff at all levels, including the manager, showed they had a good understanding of what was expected of them. Staff all told us they felt well supported by management and also that staff supported each other very well, that team work was strong across the service.

The provider communicated openly with people using the service, relatives and staff and gathered their feedback. In addition people told us suggestions they put forward were listened to and acted on. These included suggestions regarding the layout of the seating in the lounge area and reinstating pictorial prompts as a communication aid such as for meals. The provider held quarterly meeting with people and relatives separately to gather their views on the service and to share developments within the service.

The provider also communicated well, and openly, with staff. The provider held regular meetings with the managers of the different departments of the service, such as the kitchen, housekeeping and maintenance, to review achievements and how well the service was supporting people and staff. Registered managers of different care homes in the region met monthly, as did the area managers, quality business partners and HR

managers and the board to review incidents in the service, share learning and best practice. The provider recently received the results of the annual staff survey and the results overall showed confirmed staff felt well supported and felt motivated in their role. The provider also carried out annual surveys of people using the service and relatives to identify and implement any necessary improvements. The quality business partner and areas manager spoke with people during their audits of the service to gather their feedback on their care. In addition, the quality business partner carried out structured observations of how people received there care, particularly when they were unable to express this verbally, to check the quality of care received.

The provider had good quality assurance processes in place to monitor and improve the service. The provider assessed and managed risks relating to the health and safety of the premises. For example, the provider carried out in-depth assessments relating to fire safety and water safety and followed their action plans to reduce the risks. The provider had a comprehensive set of audits in place to monitor other aspects of the service including medicines management, care documentation, falls management, staffing levels and staff training and support.

The provider worked in partnership with key organisations such as the local authority, safeguarding team and multidisciplinary teams to support care provision and joined-up care. The manager told us they always aimed to be open and transparent in sharing information and the nurse confirmed the provider worked well in sharing information with them. The provider was meeting their registration requirement to submit notifications to CQC of significant incidents such as allegations of abuse. From reviewing details of the notifications submitted to CQC we identified the provider communicated well with the safeguarding team in reporting and investigating any allegations of abuse. The provider was transparent with the local authority who regularly audited the service. The recent report showed the service was operating at the expected standard.