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Riccall House Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Riccall House is a residential care home providing accommodation and personal care for up to 18 people aged 65 and over, some of whom were living with dementia. At the time of our inspection there were 18 people using the service.

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

Since the last inspection the provider and registered manager continued to improve people's quality of life and maintain high standards of care. A plan was in place to keep improving the service in areas such as fire safety, care plans and staff recruitment, supervisions and appraisals. The provider was committed to using feedback from people to develop the service further.

We have made a recommendation in this report, in relation to quality assessment and monitoring.

The staff team were inducted, supported and trained; they understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

People's needs and preferences were known by the staff and people received person centred, responsive care. Feedback from people and their relatives was positive. Staff had developed good relationships with people which led to people feeling safe and happy.

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

People enjoyed access to a garden and were offered a wide variety of activities to take part in if they chose this.

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

Rating at last inspection

The last rating for this service was good (published 14 April 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Riccall House Care Home

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

One inspector carried out this inspection.

Service and service type

Riccall House 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 a manager registered with CQC. 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

Day one of this inspection was unannounced. We told the provider we would be visiting on day two.

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 who works with the service. We used 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 nine people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team leader, care workers

and the cook.

We reviewed a range of records. This included three people's care records and 18 medication records. We looked at two 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 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

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- People felt safe, confident and happy when being supported by staff. One relative said, "[Name of relative] was falling at home. They are safe here and well looked after."

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

- Staff identified and assessed risks; care plans contained guidance to support staff on how to safely meet people's needs. One visitor said, "[Name of relative] has dementia and sometimes is resistant to care. Staff are marvellous with them and they are well looked after."
- Accidents and incidents were recorded and responded to appropriately and lessons were learned. The registered manager looked for trends and patterns to reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.
- Staff routinely carried out fire safety training, however they did not take part in frequent evacuation practices. The registered manager said this would be made part of the training programme and added it to their plan of action.

Staffing and recruitment

- The provider operated a safe recruitment process.
- Enough staff were deployed to meet people's needs. A relative said, "There are plenty of staff about so if [Name of relative] needs assistance they are quick to respond. I have no worries about care as the staff are excellent."
- Staff were available throughout the home and were patient and attentive when supporting people.

Using medicines safely

- Medicines were overall managed safely. One person said, "I take a lot of medicines each day, but the staff sort these out for me. I have a lot of joint pain but get pain relief on a regular basis."
- Some inconsistencies were found, such as the temperature of medicines stored inside the registered manager's office were not monitored. Not everyone had a person-centred protocol where they were prescribed 'as and when required' medicines. Staff competency records for medicine management, to ensure their practice remained at a high standard, were not in place. The registered manager immediately developed documentation for this and set up spreadsheets showing how and when these would be completed.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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

- Assessments of people's needs were thorough, and people's expected outcomes were identified. Relatives confirmed they were involved in the assessment and review processes.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings had been carried out for staff to work together to understand and reflect on their practice. An appraisal system was due to be introduced.
- Staff were positive about the range of training available. New staff completed an induction programme and all staff completed regular refresher training. Opportunities were available for staff to develop their skills and knowledge in areas that interested them. One person said, "Staff are excellent, kind and efficient."

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

- People's dietary needs were met. Staff were knowledgeable about people's specific diets and ensured suitable options were always available for people. One person told us, "The food is fine, it's balanced and there's vegetarian options."
- Staff provided appropriate support for each person with eating and drinking. This included gentle encouragement, providing adapted cutlery and plates, and helping people eat and drink where this was needed.
- Staff monitored people's weight and relevant healthcare professionals were involved when required.

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

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services. One relative said, "[Name] has thrived since they came in to the home."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.

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

- People enjoyed using the secure garden where they could spend time with family and friends.
- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included ceiling hoists and sensor mats; which helped staff provide safe and effective care.

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.

- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.
- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- Staff recognised restrictions on people's liberty and appropriate action was taken. However, decisions made in people's best interests were not always well documented. The registered manager took immediate action to ensure this was done.

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

- People and their relatives felt staff were kind and cared about them or their family members. One relative said, "Everyone here is kind and caring. [Name of person] has settled in well and has made new friends. They are improving health care wise and I have no worries about them."
- Staff spoke positively about people they supported and demonstrated a good understanding of what was important to them. People's support records contained documents that provided staff with information about their likes and dislikes and their life history. Staff used this information to form meaningful relationships with people.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- People had support from their families or advocates if they needed help with making decisions.
- People were encouraged to make decisions and choices about their care. One person said, "Staff are very obliging. I like to follow a daily routine about where I eat and when I go downstairs to mix with others. Staff give me the support I need to do this."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Relatives told us, "[Name] is well looked after with kindness and dignity in a very professional environment" and "Staff take time to make sure [Name] is always well dressed in colour coordinated clothing. [Name] always took pride in their appearance."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed.
- Personal information was stored securely which helped to maintain people's privacy.

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

- People were supported in line with their wishes and preferences. Staff were knowledgeable about people's personal routines and care plans contained detailed information about people's interests and personal preferences. However, some of the care plans required reviewing and updating. The registered manager was aware these were overdue and had plans in place to show when and how these would be completed.
- Staff worked to meet people's diverse needs. This included supporting people to follow their faith and respecting their sexuality.
- People were empowered to make choices and have as much control and independence as possible, including involvement in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.

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 provider and registered manager were aware of AIS. However, the service had not made an assessment of people's information and communication needs. Some care plans and records had details of people's needs, but these were not systematically recorded for everyone. Discussion with people indicated this had little impact on their quality of care and they could still communicate effectively with staff and others.

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 supported to maintain their relationships with their families and friends. Staff ensured people and their visitors could eat together, meet privately or go out into the local community.
- People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service. There was a range of activities they could take part in. This included bingo, dominoes, craftwork and entertainers such as singers. People said they also enjoyed reading daily newspapers and completing puzzles.
- Staff encouraged people to remain fit and active. People told us, "There is a physiotherapist who comes in every fortnight to help us with mobility" and "There is a motivational person who comes in fortnightly to do music to movement sessions." This was confirmed by the records we looked at.

Improving care quality in response to complaints or concerns

- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- People and relatives were confident about using the complaints process. They said they were listened to and the registered manager took action where needed to resolve their problems.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.
- One family praised staff for the care their relative was receiving. They said, "Staff have been fabulous. They have discussed with the family, our wishes around end of life. The care is compassionate and they treat [Name] with utmost respect and dignity."

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was committed to providing good quality care to people. One person told us, "This is a lovely home with lovely staff."
- Regular checks were completed by the registered manager to make sure people were safe and happy with the service they received. The minor issues we found during this inspection had not been picked up through the audit process. However, these were acted upon by the registered manager and had little or no impact on the quality of care being received by people.
- The provider visited the service regularly and was kept informed of important information about the service.

We recommend that the provider consider current guidance about quality assessment and monitoring and update their audit processes accordingly.

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

- Staff morale was high. They felt listened to and told us the registered manager was approachable. Staff understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and kindness. One relative said, "I have not a bad word to say about the home. Everything is marvellous."

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 registered manager displayed an open approach and listened to staff, people and their relatives when things went wrong. They had been honest and worked in partnership to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and the registered manager involved people and their relatives in day to day discussions about their care.
- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussions were used to gather feedback. This was analysed and followed up by the registered manager.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.