Dukeries Healthcare Limited

The Ridings 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

This inspection took place on 23 and 24 May 2017 and was an unannounced comprehensive rating inspection. At the last inspection on 21 January 2015, the service was rated 'Good' overall, with a rating of 'Requires improvement' in the key question of 'is the service 'Well-Led'. At this inspection we found the provider had made improvements and were now rated as 'Good' in all key questions.

The Ridings Care Home is an 83 bed care/nursing home supporting people with dementia. At the time of our inspection there were 81 people living at the home. The building is divided into six separate households. The six households are situated on three floors and divided into areas to support people with different dementia related care and support needs. This included; one dementia care unit for older people, two dementia care units for people of a working age and three nursing units.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to

people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

Relatives and staff were confident about approaching the manager if they needed to. They provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. People and relatives views on the quality of the service were gathered and used to support service development.

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.

People received their prescribed medicines safely.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People's rights to privacy and confidentiality were respected.

People were supported by staff that were caring and knew them well.

People's Dignity and independence was promoted and maintained as much as possible.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their
concerns.

People were supported to take part in social interaction and activities that were important to them

Is the service well-led?

Good

The service was well led.

Relatives and staff felt that the management team was approachable.

People and relatives feedback on service quality was used to make improvements in the service.

The provider had systems in place to assess and monitor the quality of the service.
Staff understood their roles for supporting people living at the location.

The Ridings Care Home

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 was a comprehensive inspection which took place on 23 and 24 May 2017 and was unannounced. The membership of the inspection team comprised of two inspectors and an expert by experience with professional and personal experience of supporting people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with 12 people who use the service, three relatives, 12 care staff members (including the chef), four visiting health care professionals, a local authority commissioner, the registered manager and the compliance manager. Many of the people living at The Ridings had limited or fluctuating capacity and were unable to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which we used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

We looked at the care records of six people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with told us, "Staff are always around us, so I think I'm safe here". Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with was able to explain the different types of abuse that they would look out for and the signs that would alert them that someone might be at risk. They gave us an example of signs associated with someone being financially abused, "They [person using the service] might have no toiletries, 'tatty' clothes and no money for their personal needs". Staff we spoke with were aware of what action to take if they suspected that someone was at risk of harm or abuse, one staff member told us, "[I would] report safeguarding concerns to the unit manager or [registered manager's name] and record anything I needed to".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A relative we spoke with told us, "My [relative] is always with a member of staff, they make sure he doesn't hurt himself. They [people using the service] are not left alone if they are unwell". Another relative we spoke with told us that they were happy with the security systems in place at the home and that their family members were kept safe because of this, they told us that staff questioned all visitors to see who they were visiting. We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. A staff member we spoke with told us that risk assessments are completed by nurses and senior staff members, "Risk assessments are done regularly, we're [staff] kept up to date with any mobility issues in people's care plans. We're informed of any changes [to peoples care and support needs] during [shift] handovers". They continued by telling us that when supporting people who required additional assistance to move around the home, that staff did this in pairs to ensure that people were kept safe. They told us, "We [staff] have all the manual handling resources we need and we're trained on [how to use] hoists". A visiting health care professional told us, "Their [staff] handling of service users is very good. They're very considerate of how people are moved". We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents. The provider had systems in place to ensure that all accidents and incidents were recorded.

The provider had procedures in place to support people in the event of an emergency such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with also gave us an example of what they would do if they found someone who had fallen in their room, they told us, "[I would] use the emergency alarm, check the vital signs of the resident [person using the service], call 999 [if appropriate] and document what happened, if I saw it". This showed us that staff knew how to respond to keep people safe in an emergency.

There were sufficient numbers of staff working at the home to meet people's needs and keep them safe from harm or abuse. A person we spoke with told us, "There's plenty of staff around if I need them". A relative we spoke with told us, "We [relatives] visit at different times here, but have never seen residents being left without any assistance". Another relative we spoke with said, "There's plenty of staff around, I don't have

any concerns". We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. A staff member we spoke with said, "There's definitely enough staff, we're not stretched at all". A visiting health care professional told us, "Staff levels are good and they're a very caring bunch". We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We saw that this was reflected in the evidence provided in the homes PIR.

The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service (DBS) checks. A member of staff we spoke with told us, "They [provider] wouldn't let me work until my DBS came through". The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at showed that all pre-employment checks were completed by the provider to ensure that staff were eligible to work within the service.

People received their medicines safely and as prescribed. A person we spoke with told us, "There's no problem with my medicine, they [staff] get it for me when I need it". A relative we spoke with told us, "[I have] no concerns over his [person using the service] medicines, they [staff] seem to do all of that very well". A visiting health care professional we spoke with told us, "They [staff] follow my [medicine] instructions to the letter". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that not everyone was able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with told us, "They [staff] seem to know what they're doing. I think they do get training". A relative we spoke with told us, "Yes of course they [staff] have been trained, otherwise we wouldn't leave our [relative] here. We can't look after my mum and are not trained to do so, that's why we brought my mum here to be looked after well". A visiting health care professional we spoke with told us that they believed the staff were trained to a good standard regarding dementia awareness and care. Staff we spoke with told us they were pleased with how the provider supported their learning and development needs and we saw that the provider had systems in place to support the on-going learning and development of staff. A member of staff told us how they had access to additional learning and development opportunities, they told us, "Training is advertised on the notice board by the [staff] rotas, we just sign up if we're interested". They continued, "I'm comfortable with the training I've had so far, I feel competent in my role". We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. Evidence gathered from the PIR demonstrated that the provider was developing training for staff around the needs of people using the service.

Staff told us they had regular supervision meetings with their line manager to support their development. A staff member we spoke with told us, "We [staff] get supervision twice a year, or more". We saw staff development plans which showed how staff were supported with training and supervision. We saw that unit managers were always available if staff needed support or 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. Most of the people living at The Ridings did not have the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interests and how they would support people to make informed decisions. A relative we spoke with told us how their relative did not have capacity to make informed decisions. They told us they had gained legal power of attorney to make decisions on their family member's health, well-being and finances. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs.

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). We saw the provider had made appropriate applications to the local authority to deprive people of their liberty where this was required to keep them safe. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "I like my traditional food, such as chapatti and curry, and they do offer it here". Another person we spoke with said, "The food's nice, I can't remember if we get to choose what we want to eat but if I don't like it, I don't eat it and they [staff] get me something else". A relative we spoke with said, "Mum's on a puree'd diet, but I don't have any issues, everything's fine". We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. A person we spoke with told us, "I'm very happy, they [staff] do provide salt-fish, akee, dumplings and rice and peas, they know what I like". We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us how they monitored people's weight and daily fluid intake to ensure that their nutritional needs were met. Staff told us that they are aware of people who have specific nutritional needs and that these were recorded in people's care plans. We spoke with the chef who told us how they gave people a choice of meal every day, and that they were aware of any specific needs that people had regarding their health needs or cultural preferences. This showed us that staff knew how to support people to maintain a healthy diet.

Everyone we spoke with told us that their people's health needs were being met. A person we spoke with told us, "If I need to see the doctor they're [staff] pretty good. I get to see them [doctors] when I need to". A relative we spoke with said, "They [staff] look after mum very well. She's coming to the end now but I know she's well taken care of". They continued, "If we need the doctor they [staff] get them out, no problem at all. The doctor comes in twice a week on Monday's and Thursdays". A visiting healthcare professional we spoke with said, "[Doctor's name] has a good relationship with the home. Another healthcare professional told us that they were happy with the support they received from staff when working together to ensure that people's health at The Ridings was maintained. We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and compassion. A person said to us, "The staff are wonderful, they can't do enough for you. They're very kind to me". A relative we spoke with said, "My mum is in safe hands. [Staff are] looking after residents and making them feel like it's their own home". A visiting healthcare professional we spoke with told us, "I have no concerns here. People are well cared for, clean and happy. Families I've spoken to are more than happy with the way their relatives are taken care of. No concerns at all". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us that some people had difficulty communicating verbally, so staff used objects and pictures to aid communication. Another member of staff gave us an example of how they supported a person who had a stroke by being patient and using easily recognisable images to help them communicate. A member of staff we spoke with told us, "It's important for people to have conversations". We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support people in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person we spoke with said, "Yes, they [staff] involve me in my care needs, I'd let them know if I wasn't happy with anything. I've been involved in my care plan, I make sure they [staff] do what it says in there". A relative we spoke with told us, "We've been involved in her [person using the service] care plan, yes, right from day one, and we [person, relative and provider] meet every year to discuss how it's going". Staff were able to meet peoples care and support needs consistently because they knew people's needs well. A relative we spoke with told us, They [provider] keep me informed of anything about her [person using the service] health. If anything's wrong, they call me".

People were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "I like to have my lunch in my room, and I'm allowed to do so". A relative we spoke with told us that their family member liked to have their hair styled regularly and that staff ensured that appointments were made with the hairdresser. We saw a person bringing a pizza into the home as they had decided that was what they wanted to eat at dinner time.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us, "When people are eating, we try to encourage them to do it by themselves if they can. It would be easy to step in and take over at times, but we hold back". We saw two people who used the service returning to the home with bags of shopping that they had gone out and bought for themselves. Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they

wanted to do, thus promoting their independence.

People's privacy and dignity was respected and maintained by staff. A person we spoke with told us that staff made sure his personal care was provided in a private and dignified way, "it took me a while to get used to being bathed, but I've got used to it now". Another person we spoke with told us, "The staff are wonderful, they can't do enough for you, they're very kind to me and they're very respectful". A member of staff we spoke with told us, "It's important to maintain people's dignity. We [staff] make sure we talk to them with respect and when showering we keep them covered as much as possible".

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with said, "My son and daughter-in-law come to see me a lot, I think they come whenever they like". A relative we spoke with told us, "I can visit or call anytime I like. If I don't visit for any reason I phone them [provider] to see how she [person using the service] is". This meant that people were supported to maintain contact with people who were important to them whenever they needed to.

Good

Is the service responsive?

Our findings

We found that staff knew people well and were focussed on providing personalised care. A relative we spoke with told us how staff really knew their relative and had built up a good relationship with them so that they understood what their specific care and support needs were. A member of staff we spoke with told us that they were a key worker for two people living at The Ridings, which gave them a more personal insight into the things that were specifically important to them. A member of staff told us, "One person loves talking about their children, their past life and hobbies, they love gardening". We saw detailed, personalised care plans that identified how people liked to receive their care. We saw that care plans were regularly reviewed and updated when people's needs changed.
Throughout our visit we saw that staff were responsive to people's individual care and support needs. A relative we spoke with told us that staff were always quick to respond whenever they required assistance. We saw a person ask a member of staff if they could take them to their room so that they could 'freshen up' before dinner, which they did. A staff member we spoke with gave us an example of how they support someone with specific care and support needs, "[Person's name] is very stiff now and leans on us [staff]. If left in the chair she would be very uncomfortable. We get her up [two staff supporting] and walk her around. She's on [medicine name] to relax her muscles. We like to make sure she's comfortable and pain free". Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us that if a person using the service becomes aggressive, they give them time and space to calm down, whilst making sure that other people are kept safe. Staff would monitor the situation and try to communicate again at the appropriate time". We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging.

We saw that people had things to do that they found interesting. A person we spoke with said, "They [provider] drained the fish pond and we're now growing vegetables. I like sitting in the garden". Another person we spoke with told us that there were activities going on all the time and they had a choice of what they were involved in. We spoke to the activity co-ordinator who told us that they talk to people about their interests so that they can develop activities to suit everyone. They continued, "For people who are room bound, we provide sensory activities in their room, such as; head massage, aromatherapy, manicures, book reading or just sharing a cup of tea with them". We saw that people also had opportunities to take part in activities or events that were happening on other units at the location. Activities included; chair Zumba, animal and reptile visits, cake baking and quizzes. We saw that there were a variety of resources available for people to use, which were placed in every communal area, such as; games, books and puzzles. On the day of our visit we saw one group of people involved in a singing session and another group who were watching a film together.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us, "I do know who to complain to, yes. I can talk to any of them [staff] here". A relative we spoke with said, "We [relatives] had a couple of complaints years ago, but nothing recently. It was dealt with really quickly. If I have a problem I can go to [registered manager's name] or [deputy manager's name]". We found that the provider had procedures in

place which outlined a structured approach to dealing with complaints in the event of one being raised. We saw that complaints received had been recorded and responded to appropriately.

Good

Is the service well-led?

Our findings

At the last inspection completed 21 January 2015 we found the provider needed to make improvements within this key question. We found that some improvements were needed to the medication administration systems and the arrangements in place to ensure all people received timely support at meal times. At this inspection we found the required improvements had been made.

We looked at systems the service had in place to monitor the safety of the service. We found that the provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that quality assurance and audit systems were in place for monitoring the service provision at the location and feedback from people and relatives was used to develop the service. Relatives we spoke with told us that they had received questionnaires to offer feedback on how the service was run and received regular newsletters from the provider. A relative we spoke with said, "Yes, we do questionnaires every now and then". Another relative we spoke with told us, "we receive monthly newsletters with lots of information to update us of any changes or events that might be happening".

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area of the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site.

We saw that staff were clear about their roles and responsibilities, so they knew what was expected of them to ensure that people received the appropriate care and support. We saw that the provider had regular staff meetings to inform them of any issues or changes that they needed to be aware of to carry out their duties effectively. Staff told us that they enjoyed working at the home. A member of staff we spoke with told us, "I enjoy my job, it's very rewarding and it also gives me satisfaction". Another member of staff we spoke with said, "I'm glad I'm working in a good home, the manager doesn't only care for the residents [people using the service] he cares about the staff too".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been one whistle blowing notification raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. From the PIR we could see that there had been no recent Whistle-blowing incidents at the home.

Relatives and staff we spoke with were confident about approaching the manager if they needed to. A person we spoke with said, [Manager's name] is the manager here, he's very good". A relative we spoke with

told us, "[Manager's name] and [deputy manager's name] are really nice. place is run really well, the staff are great and we have a good rapport". Another relative we spoke with said that if they had any issues or concerns they could approach the unit manager or the registered manager 'with no hesitation'. A staff member we spoke with told us, "Our manager has a good understanding of their workers individual needs. He's very supportive and always available when you need him". Another staff member we spoke with told us, "We [staff] get good support from the unit manager and [registered manager's name], we can talk to them at any time".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.