

Risedale Rest Home Limited

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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 Rest Home provides personal care and accommodation to up to 17 older people across three floors in one converted residential terrace. There were 14 people living at the service at the time of our inspection, some of whom were living with dementia.

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

The registered manager had made a range of improvements to care planning documentation, record keeping and to the fabric of the building. Rooms that were previously undecorated and in need of repair had been renovated and there were new bathroom facilities. The laundry was still in need of improvement; the registered manager agreed to pursue these as a priority with the owners.

Care plans had been completely rewritten where necessary and reviewed on a continual basis.

Risk assessments had also been reviewed and contained improved person-centred information. Daily recording information was accurate and up to date. The registered manager had implemented an electronic care records system, which was working well, although some staff were not yet fully proficient in it. People were kept safe through good staff knowledge and awareness.

The registered manager worked proactively in with external healthcare professionals.

The home felt welcoming and vibrant. Feedback was positive regarding the compassionate, affectionate and sensitive approach of staff.

The registered manager ensured people were involved in the planning of their care. They used a variety of meetings, one to one time and surveys to involve people in how the service was run.

People ate well and had a choice of meals and snacks. 'Hydration stations' had been set up in the dining areas so people could help themselves.

People's rooms were clean and well decorated; refurbishment of communal spaces had continued.

Staff received training relevant to people's needs. They had received end of life care training and the registered manager had ensured strong links were in place with external healthcare professionals in this regard.

Access to and involvement in activities had improved, with a dedicated member of staff in place.

The registered manager worked well with staff and there was a strong team ethic built on hard work and mutual respect. The registered manager was open and supportive with staff. They were appreciative of the support of a dedicated staff team.

Clear systems were in place for the review and audit of all aspects of the service. The registered manager was aware of a number of benefits the electronic care records system could offer them and staff in future and they planned to utilise it more.

Medicines were managed safely, in line with best practice. The administration of covert medicines and medicines to be given 'when required' had been improved, with clearer instructions in place. The premises were well maintained, and appropriate health and safety checks were in place. Emergency procedures and contingency plans were in place.

People's capacity was assumed unless there were reasons to consider otherwise, and staff acted in line with the Mental Capacity Act 2005. 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.

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 requires improvement (published 28 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Risedale Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted social workers, professionals in local authority commissioning teams, safeguarding teams and infection control teams. We reviewed the service's previous inspection reports. We reviewed the Provider Information Return (PIR). This 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 used all of this information to plan our inspection.

During the inspection

We spent time speaking with six people who used the service. We spent time observing interactions between

staff and people who used the service. We spoke with six members of staff: the registered manager, senior carer, carer, activities co-ordinator, domestic assistant and maintenance person.

We looked at five people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection

We telephoned two relatives and one social care professional.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the registered manager revised the use of their dependency tool and ensured it was fit for purpose. It did not effectively demonstrate what staffing levels could adequately support people. The registered manager had made improvements.

- The registered manager had implemented an improved dependency tool. Staffing levels were appropriate to the needs of people's personal care and social needs.
- Processes were in place to ensure prospective staff underwent appropriate vetting checks. There had been no new members of staff since our last inspection.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding information was clearly and prominently displayed. Procedures were well understood by staff who were suitably trained.
- Staff took appropriate steps when they were concerned about people. The registered manager was developing stronger links with local specialist teams to help identify the best way to keep people safe. These professionals confirmed the manager worked openly and proactively with them.
- People told us they felt safe and at home. One said, "It's fine, I can come and go as I like and there are always staff about." A relative told us, "They were very proactive when thinking about what the risks could be."

Assessing risk, safety monitoring and management

- Risk assessments were specific to the needs of each person. They had been reviewed by the manager, with clear instructions for staff.
- Staff calmly redirected people who were beginning to feel anxious. Staff displayed suitable knowledge about what topics and activities people would engage with.
- Emergency and other equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were kept up to date and accessible.
- The service was well maintained by an on-call maintenance person.

Using medicines safely

- Medicines were managed safely. Where people were prescribed medicines 'when required' this was supported by a separate protocol for staff to follow. Where a person was given medicines covertly this was appropriately risk assessed and the person's best interests considered and documented.
- Auditing and stock checks of medicines were effective, comprehensive and consistent. The registered

manager was aware of and followed best practice.

Learning lessons when things go wrong

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed.
- The registered manager was receptive to feedback about areas of best practice to keep people safe.

Preventing and controlling infection

- The registered manager had made improvements to the fabric of the building and its cleanliness. One previously uninhabitable room had been redecorated and one out of order bathroom had been refurbished. People confirmed the home was always clean and we saw cleaning rotas to support this. The domestic assistant confirmed they received all the equipment they needed.
- The registered manager had sought advice from infection control professionals.

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 remained good. 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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments had regard to good practice.
- Daily recording information was accurate and sufficiently detailed. This was held on an electronic care records system which the registered manager had implemented.
- People had confidence in staff knowledge and agreed they received good health and wellbeing outcomes. One told us, "They have been great with me about my leg – they always know what to do." One social care professional said, "Risedale is a valuable resource in the community. We are confident that the service users benefit from a stay in Risedale."

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

- Menus were varied with a focus on comfort food, with staff ensuring people were able to decide on their preferences. One person said, "If I want a bacon sandwich later in the day, I just have to ask for that, it's no problem." Feedback regarding meals was consistently positive.
- The registered manager had implemented 'hydration stations'. These were in the dining rooms and included tea/coffee making facilities, cold refreshments and snacks including fruit. People told us, for example, "It's really good, I can make a cuppa whenever I want."
- People's weights were well monitored for risks of malnutrition. Specific oral health care plans were in place to ensure people were able to enjoy the meals they wanted.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles and people's needs. The manager was keen to support staff with additional training where people's needs changed, or new people came to the service. For instance, they planned epilepsy training.
- Staff supervisions happened regularly and appraisals were planned. One member of staff told us, "It's properly structured now. You can have a chat whenever but there is also the formal side pencilled in."

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

- The registered manager had developed some strong relationships with local health and social care professionals. One told us, "I always find the staff and the manager pleasant and well informed. They appear to build good relationships with their clients and can update you on their progress."
- Access to regular primary health services, such as chiropody and dentistry, was well documented.

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

- The building was a converted terrace and as such had a number of steps and corridors. Where people's needs meant there were specific environmental risks, the registered manager ensured these were assessed and action taken.
- There was ample communal and private space. The outdoor space was limited but people confirmed they were supported to go out with staff and visit the surrounding area.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had reviewed DoLS in place and made appropriate applications. Mental capacity assessments, along with our conversations with staff, demonstrated a good understanding of the MCA.

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 remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted calmly and warmly with people. Staff demonstrated sensitivity towards people and had evidently got to know them well. People said, "The staff are really nice, spot on."
- The registered manager provided visible leadership and embodied the caring, person-centred attitude they wanted from their staff. Staff agreed this had had a positive impact on the atmosphere. They had implemented a dignity tree in a communal area and also a 'reassurance checklist'. This ensured people new to the service received a consistent, welcoming approach from staff.
- No staff had left the service since the last inspection and it was evident this continuity of care had a positive impact on people, who felt relaxed and at home.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a good knowledge of people's preferences and interests. They used these to ensure people were at ease.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. People were asked about their preferences during the pre-admission assessment.

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

- The registered manager had attempted resident meetings but found these were not always attended. They instead ensured they asked people on a one to one basis about any issues they may have. They interacted personably with all people who used the service.
- They had also attempted annual surveys, but only two were returned. They continued to try new means of ensuring people had the opportunity to raise any suggestions in ways they felt comfortable with. For instance, they had bought a suggestions box. They also ran coffee mornings where people could gather in a less formal setting to chat.
- Advocacy information was displayed clearly and people's relatives were encouraged to be involved as natural advocates. One person's advocate said, "I'm always made to feel welcome and given space. They have been very open and approachable about the whole process."

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure care planning documentation was sufficiently detailed or person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been reviewed and improved. Each was consistently ordered and easy to follow for any new member of staff. The hard copy care file contained all the background information and the electronic system contained the working care plans and risk assessments.

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

- The planning and provision of activities had improved since the last inspection. There was now an activities co-ordinator in place, who organised group and one-to-one activities that people told us they enjoyed, such as baking and card games.
- The registered manager was continuing to build a good local reputation and invite members of the community to play a part in the service. This meant the opportunity to reduce social isolation and also give people the opportunity to remain a part of their community. For instance, the service had hosted two school pupils recently to complete their work experience.

End of life care and support

- End of life care training was in place. The registered manager had formed good links with external end of life care professionals. They planned to build on this with further training for staff. They planned to make a member of staff a champion in this area.
- Care plans contained information about people's advanced care planning wishes. They had been asked about how and where they wanted to be supported at the end of their lives.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. People were given a range of opportunities to raise any complaints or concerns and confirmed they understood how to do so.

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 registered manager acted in line with the Accessible Information Standard (AIS).

- Where people had specific communication needs, care plans were detailed.

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 requires improvement. At this inspection this key question has improved. 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 had maintained the significant positive improvements they had made at the last inspection.
- Where we identified the need for improvement, the manager could demonstrate they were already aware of these issues and had plans in place to make changes. They were committed to continually looking for ways to improve the service for the benefit of people who lived there.
- One external social care professional told us, "They [registered manager] have worked very hard and are always responsive to suggestions. They are the one who pushed for computerised system with the owners." Others confirmed they had confidence in the ability of the registered manager. The registered manager had staggered the roll out of the electronic recording system to ensure staff had time to familiarise themselves with it.
- Staff felt more empowered than they had done previously and gave positive feedback about the impact of the registered manager. One said, "We're doing a lot more now. Before it used to be the manager would be locked away in a room and all we would do would be our daily notes. Now we are involved."

Working in partnership with others

- The registered manager had forged some strong working relationships with a range of key external professionals. They worked collaboratively to ensure the best outcomes for people.
- External professionals provided strong feedback about the approachability of the registered manager. One said, "They've been very open and have reached out." They confirmed the registered manager was receptive to feedback about how they could still make improvements.
- The registered manager had continued the process of building strong community links. For instance, hosting coffee mornings and inviting more people in to the service. They had built a good working relationship with a nearby care home, sharing best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and 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 had helped staff maintain the caring culture at the service. The team had ensured it successfully moved from an under-occupied service with little variety by way of activities, to a more vibrant and inclusive atmosphere.
- Staff confirmed the registered manager had a hands-on approach and supported them well. One said, "It's

a world of difference to before. They push us on in the right way."

- Relatives felt assured that they could raise any queries with the registered manager. One said, "They have been spot on. They were in touch straight away and did everything I'd want and more. I can't fault them or the staff."

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

- The registered manager had improved person-centred care records and ensured people were involved in the care planning reviews. All people and relatives we spoke with, and staff, confirmed the registered manager was approachable and inclusive in their approach.
- People's individual needs and abilities were respected by staff who treated people equally.