

Minster Care Management Limited

Rydal Care Home

Inspection report

Rydal Road
Darlington
County Durham
DL1 4BH

Tel: 01325369329

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rydal Care Home is a nursing home registered to provide accommodation for up to 60 people. The home has three floors and specialises in providing care to people living with a dementia. At the time of this inspection 31 people were living at the service.

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

We found risk assessments needed to clearly set out the actions staff should take to minimise risk. They were not consistently updated and did not always lead to the formulation of a care plan to meet specific needs. Assessment information from social workers was not always pulled through to the home's assessment records and care plans/risk assessments. Some information contained in care records was contradictory and either at times inaccurate or not there when it should be.

No information was available in the main care record files to demonstrate people's capacity was considered or 'best interests' decisions made. The registered manager told us these documents had been stored in a different file and would be immediately transferred to the care records. Medicines including controlled drugs were not always managed safely across the home. On the whole COVID-19 guidance was being followed.

We looked at people's recent moves to different parts of the home and found no evidence in files to show these had been agreed by people with capacity, done under 'best interests' decisions for people who lacked capacity and discussed with relatives. Relatives said they had been told people would move and it had not been a joint decision. People who used the service told us they had not been given an option to stay where they were and felt they were forced to move.

Maintenance of the building had not always been effective. Problems with lack of water to areas of the home and toilets not flushing had been resolved during the inspection.

The overwhelming view from staff was the management style needed to improve. Staff felt there was no point raising concerns as either no action was taken, or some felt repercussions would occur if they did.

A staff member had been initially employed as a care assistant in December 2021 and then promoted to a clinical healthcare assistant practitioner (CHAP). They were not a qualified CHAP. The area manager had not appreciated this would be a problem. The audits had not identified the fact the recruitment systems had not always ensured staff checked the suitability, experience and qualifications of people applying for posts.

Overnight staffing regularly ran below what was recorded on the rota as the number of staff in the building. For example, it would be recorded in the final total there were six staff on duty where in fact only five people were on shift.

The governance systems, which had been put in place at the last inspection continue to be actively used by

the company directors. However, the existing paper audits used at the home did not assist the registered manager or staff to critically review the service and identify areas for improvement. This led to gaps in practice being missed such as those in medicine management and care records.

People and relatives felt the home was safe. They commented on how staff were able to provide kind and compassionate care. Relatives told us they had a positive relationship with the registered manager and staff. They did note a marked difference between the two staff teams with one being friendlier than the other and found at times issues they raised were either not addressed or if they were the issue quickly returned.

Staff we spoke with were very passionate about providing good care outcomes.

Rating at last inspection

The last rating for this service was requires improvement (published 25 May 2021).

Why we inspected

The inspection was prompted in part due to concerns received about the management and operation of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rydal Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of people and the management and monitoring of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service and we will continue to work with partner agencies. We will also request a specific action plan to understand what the provider will do immediately to ensure the service is safe. We will work alongside the provider and the local authority to closely monitor the service. We will return to visit in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rydal 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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.

Inspection team

The inspection was carried out by two inspectors and a pharmacist.

Service and service type

Rydal Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 12 people who used the service and 15 relatives and friends of people about their experience of the care provided. We spoke with virtually all members of staff including the area manager, the registered manager, the deputy manager, clinical lead senior care workers, two clinical healthcare assistant practitioners (CHAP), care workers, the chef and ancillary staff. We reviewed nine people's care records, 11 medicine administration records and looked at medicines related documentation, three staff files, staff rotas and a variety of management and quality assurance records for the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at testing data and the outcome of complaints.



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 focused inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. Staff did not always follow the manufacturers guidance in where to place medicine patches. Sometimes staff did not record where a patch had been placed.
- Medicines to be returned were not safely stored including controlled drugs.
- The home had an electronic Medicine Administration Record (eMAR). Directions on the eMAR to guide staff on what to give did not always match the directions given by the doctor. Specific medicines were not always given in a timely manner and some doses given were sometimes less or more than what the doctor had prescribed. One person's medicine was out of date but staff had been administered a few doses, this had caused no harm but should not happen.
- Risk assessments needed to clearly set out the actions staff should take to minimise risk. They were not consistently updated and did not always lead to the formulation of a care plan to meet a specific need such as epilepsy or a mental health disorder.
- People were living in an environment which was not always maintained. For example, problems had developed with the plumbing but the provider had been slow to rectify this. The maintenance records needed to be improved as they did not show when issues emerged and were rectified, which meant it was not always possible to determine how long items had been broken.

The provider had failed to manage the risks relating to safety of people in the home and to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a robust system in place to guide staff on how to administer medicines in a covert (hidden) way. We looked at the system in place for staff to record when a topical cream had been applied or when fluid thickener was added to a drink to aid swallowing and found it to be safe.
- There had been ongoing problems with lack of water to areas of the home and toilets not flushing, which the area manager ensured were resolved during the inspection. Issues with broken equipment and additional equipment being needed were in the process of being resolved.

Staffing and recruitment

- The improvements made to the recruitment process made at the last inspection had not been sustained. The provider was unaware of this.
- Application forms and information about recent promotions was not kept in the recent recruit's files. References did not clearly demonstrate they were from the previous employer and it could not be determined whether character references had come from the person named.

- The previous training and certificates of qualification of staff were not checked. A staff member had been initially employed as a care assistant and then a little while later promoted to a CHAP. They were not a qualified CHAP.
- In general there were enough staff on duty. Overnight staffing was stretched, as they regularly ran below what was recorded on the rota. For example, it would be recorded in the final total on the rota there were six staff on duty where in fact only five people were on shift.
- Profiles were obtained for agency staff but information was not provided on the rota to show the full name of the person coming to the home or records kept to show they had completed an induction.

The provider had failed to ensure governance arrangements were effective at identifying gaps in practice or in making sure staff maintained accurate, complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and understood what constituted abuse.
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Some staff did not ensure their face mask fully covered their nose and mouth. We reminded the registered manager about the need to ensure staff followed PPE guidance. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 January 2019 inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; Delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 Mental Capacity Act 2005 (MCA).

- No information was contained in the care record files to demonstrate people's capacity was considered or 'best interests' decisions made. The registered manager told us these documents had been stored in elsewhere but would be transferred to people's care records.
- We reviewed the examples of DoLS documents supplied and found there was some variability and conflicts in them. For instance, for one person's MCA capacity assessment found they had capacity but staff had incorrectly completed a 'best interests' decision for them.
- The provider had been awarded a new contract, which had meant they needed to change units around. People who used the service and relatives told us they had not been given an option to stay in their original bedroom. There were no records in people's files to show the moves had been agreed by people with capacity, done under 'best interests' decisions for people who lacked capacity and discussed with relatives. The registered manager accepted in hindsight the move was very badly organised and immediately started to consider lessons which could be learned if this sort of move was to ever occur again.
- Assessment information from social workers was not always pulled through to the home's assessment and care records. Some information contained in care records was contradictory and either at times inaccurate or not there when it should be.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service were effective. This was a breach of Regulation 17, (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide

consistent, effective, timely care

- Overall staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently. The service was registered to provide support for children, and staff had training in this area.
- Prior to the end of the inspection the provider ensured staff employed as a CHAP were enrolled on the relevant qualification.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us they worked closely with healthcare professionals and sought support when needed, in a timely manner. No records were available in people's care records to show this occurred. The registered manager maintained some records on their laptop, but these were not available for staff to review.
- Care staff provided people's meals, recorded what people ate during the day and monitored their weight. The catering staff ensured people consistently received ample nutritious meals.

Is the service well-led?

Our findings

Well-Led – this means 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 focused inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The governance arrangements in place had not identified gaps in staff practices.
- The directors continued to use the governance systems, which had been put in place at the last inspection to pick up areas for improvement. However, the existing paper audits used at the home did not assist the registered manager or staff to critically review the service and identify areas for improvement.
- We identified a range of areas for improvement which ranged from the management of medicines, upkeep of the building, application of MCA, record keeping, recruitment, care records and the active engagement with people and relatives in decision-making processes. The audits had not identified these issues, which meant they were not added to the provider's governance system and therefore they would not have been aware of these gaps.
- The home had been awarded a new contract and the registered manager had needed to reconfigure how the units were used. Their oversight, planning and organisation of this move had been poor. This led to a chaotic approach being adopted whereby relevant parties such as social workers were not consulted, rooms were not emptied and at times were not cleaned prior to other people moving in.
- In line with the findings above it was strongly evident the service did not have effective systems to reflect and analyse information to drive improvement. Important information was not always escalated to the provider by the management team.

The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Reports had been sent to alert the CQC and local authorities when incidents occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff discussed feeling marginalised, devalued and at times arbitrarily dismissed by the registered manager and deputy manager. They felt they were not valued as part of the team or in relation to the skills they offered. The area manager and registered manager accepted action needed to be taken to improve the management style and culture within the home.

- Staff felt there was no point raising concerns as either no action was taken or some felt repercussions would occur if they did. Staff told us about hearing how the management team were 'trying to hunt out who were whistle-blowers and when they did these people would be sacked.' This was in contravention to the provider's whistle-blower policy. The area manager and registered manager felt this had not been the case but accepted this was staff perception.
- Relatives told us they had not formally had their views sought for some considerable time but were pleased to receive a relatives' survey to complete just after we started the inspection.
- Staff we spoke with were very passionate about providing good care outcomes. The registered manager and staff team had worked hard to maintain good working relationships with all visiting professionals, and this had supported them to deliver effective care and support.

The provider had failed to ensure effective systems were in place to seek and receive feedback from relevant parties. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to ensure the care and treatment was provided in a safe way.</p> <p>The provider failed to ensure medicines were given safely.</p> <p>Regulation 12(1)(2)(b)(f)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure governance system and processes were operated effectively.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)</p>