

Mr T Ryan

Ryan Care Residential

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 

Overall summary

The inspection was unannounced and took place on 14 November 2014. The last inspection of Ryan Residential Home took place on the 17 October 2013 when it was found to be meeting all the regulatory requirements.

The service has a registered manager. 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.

Ryan Care residential is a small family run care home situated close to Runcorn old town. The home provides support and personal care for up to 15 older people some of whom are living with dementia.

The relationships we saw were dignified with staff and people who used the service treating each other with mutual respect. People living at the service told us that they were treated well by people who showed that they really cared. Comments included; "I feel that this is my home", "Staff are good to me" and "I did not think that a home could be so good."

Arrangements were in place to protect people from the risk of abuse. Relatives of the people living in the home

Summary of findings

told us that they felt that their loved ones were safe and supported at Ryan Care. Comments included; “Staff are very good at picking up visual clues and as a consequence they are aware of any risk and ensure people are kept safe” and “The staff are well trained in all aspects of protecting people from harm and we know that X is safe and happy in this home.”

We spoke to staff about their understanding of The Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards, [DOLs]. These are laws that help to protect the interests of vulnerable people who lack ability to consent on an issue and to make sure their liberty was not unduly restricted. Staff spoken with said that they had received training in all aspects of adult protection and they demonstrated via discussion that they had clear understanding in relation to adult protection.

Before people moved into the home they were visited by the registered manager and information about their needs was gathered from them. We saw that the home used an assessment of capacity to determine if people were able to consent to their care and treatment.

Information was obtained from families and other health professionals such as social workers prior to the person being admitted to the home and this was documented in the files. The care files we looked at contained the relevant information regarding background history of the people who lived in the home. People told us that this information was recorded to enable the staff to understand people’s backgrounds and needs and to know what people liked or disliked and of how they wished to live their life.

Discussions with staff members identified that they felt happy and supported and worked well as a team. They told us that the manager was most supportive and she led by example. Comments included; “I have joined a good staff team. Everyone is supportive; we are encouraged to gain as many qualifications as we can. We work together as a family. We get quality supervision and always work together as a team.”

The service had a robust quality assurance system in place which used various checks and audit tools to monitor and review the practices within the home.

Summary of findings

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 safe.

Arrangements were in place to protect people from the risk of abuse. Relatives of the people living in the home told us that they felt that their loved ones were safe and supported at Ryan Care.

Staff spoken with had received training in all aspects of adult protection and they had a clear understanding in relation to safeguarding people from harm.

The provider had documentation which evidenced that a building risk assessment was in place to include emergency plans for evacuation or dealing with any other incident that may occur within the premises which showed safe practices and management of the service.

Risk assessments were in place for the people who lived in the home. Staff developed them to reduce the risk of harm to the people using the service and to balance the risk with the person's right to choose.

Medication was well managed. Records were in place in respect of GP authorisation for covert medication management and medication charts were detailed and clear.

Good



Is the service effective?

The service was effective.

Residents who had capacity told us that they felt well cared for and they had no concerns about staff skills and knowledge.

Records showed that staff had received induction when they began working for the service and they were able to access training to build on their knowledge and skills.

Staff were knowledgeable of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards, [DOLs]. These are laws that help to protect the interests of vulnerable people who lack ability to consent on an issue and to make sure their liberty was not unduly restricted.

People's nutritional needs were met and the menu was designed and adjusted to meet varied dietary requirements.

People's health needs were monitored and they were able to access a wide range of mental and physical health care services. There were adaptations; such as signage and coloured handrails to assist people who experience dementia.

Good



Is the service caring?

The service was caring.

Care plans were personalised to meet people's individual needs.

Good



Summary of findings

People told us they were respected as individuals and felt happy and content with their surroundings. Comments included; "I did not know that places like this existed. This is not a care home it's like one big happy family"; "staff treat us very well and always ask us what we want" and "we are provided with full information about everything that goes on here and people who live here are respected, well treated and happy."

People's relatives said they felt very much at home when they visited and were treated as "one of the family." One person said "I am so happy with this home. My mother is so well looked after, has made good friends and is happy and contented here. It takes away my stress and I can now sleep at nights knowing she is safe and well cared for."

Is the service responsive?

The service was responsive.

We observed that staff responded to people's care needs promptly and people told us that care was provided as and when required.

Care plans gave guidance for staff to be able to support the people in their care to help meet their individual needs. The care plan reviews were up to date so staff would know what changes, if any, had been made.

Daily records gave information about how people had spent their day and care records showed that sufficient details had been recorded about the person's choices and daily activities. Activities were well planned and included bingo, film shows, sing along sessions and quizzes.

We saw that people had been referred to other health care professionals such as GPs, dieticians or district nurses when it was required so they stayed as healthy as possible.

The home had a complaints policy and processes were in place to record any complaints received and to address them in accordance with policy guidelines.

Good



Is the service well-led?

The service was well led.

The registered manager and staff talked with family members on a regular basis to gain their opinion of the staff and services provided. This meant that information about the quality of service provided was gathered on a continuous and ongoing basis with direct feedback.

The service had a robust quality assurance system in place which used various checks and audit tools to monitor and review the practices within the home. This included the use of questionnaires, daily environmental checks and reviews of care plans. Relevant audits and safety checks were completed on a regular basis to ensure that the home was run in the best interests of the people who lived in the home.

Good



Ryan Care Residential

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2014 and was unannounced.

The inspection team was made up of an inspector and a specialist advisor who had experience in the areas of dementia and the management of care.

Before our inspection the provider completed a provider information return [PIR] which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team and they provided us with information about their contact with the home. They told us they had no current concerns about the home.

The provider and registered manager were available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with 11 people who used the service and 12 of their relatives. We spoke with the registered manager, two senior carers, the provider, the cook, the activities co-ordinator and a total of six other staff members.

We looked at all areas of the home including people's bedrooms with their permission. We looked at care records and associated risk assessments for three people living in the home and used them to track the way these plans were put into practice. We looked at other documents including policies and procedures and audit materials. We observed medication being administered and inspected three medicine administration records (MAR). We observed a lunchtime period in the dining room and observed people being helped with their meals. We used the Short Observational Framework for Inspection (SOFI) because there were people living at the home who were living with a dementia. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Observations and discussion with people who lived in Ryan Care identified that they felt safe and well cared for within the home. Comments from people living at the service included; “Staff are kind to me and I feel safe and well cared for” and “Staff care for me and I love them.”

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included; “Staff are very good at picking up visual clues and as a consequence they are aware of any risk and ensure people are kept safe” and “The staff are well trained in all aspects of protecting people from harm and we know that X is safe and happy in this home.”

On the day we visited there was a registered manager, the provider and four care staff on duty in the home. In addition there was a cook, a kitchen assistant and a domestic. Staff told us they felt the staff numbers to be sufficient to meet the needs for different people’s conditions and the layout of the building. We checked the staff rotas for the home and noted that the pattern of staffing was consistent throughout the week. People told us that staff were always available to provide care and support “whatever time of the day or night.”

During the inspection we were able to speak with staff and observed that they were always visible in the communal rooms throughout the visit.

Staff told us that they had received training in protecting vulnerable adults and that their training was updated on a regular basis. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred and told us what their responsibilities were when caring for vulnerable adults. Staff were clear about the meaning of the term ‘whistle blowing’ and one staff member told us that they had made a whistle blowing report in the past whilst working for another provider. Staff training records confirmed that all the staff had completed training in safeguarding.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. Records showed that Ryan care had done this appropriately when required.

There was a fire risk assessment in place and people had personal evacuation plans in their care files.

Care plans viewed identified risks to people’s health and wellbeing, such as falls, nutrition and pressure sores. Records showed that care plans and risk assessments were reviewed on a regular basis to ensure that the people who lived at the home were safeguarded from unnecessary hazards.

Staff told us that they held a staff handover at the end of each shift and the process involved sharing of need to know information to ensure staff were aware of any issues or areas of concern and therefore could provide appropriate care and support.

Examination of staff files identified that effective recruitment procedures had been used, including undertaking appropriate checks to ensure the staff were suitable to work with vulnerable people. Staff members told us that although Ryan Care was a family run business, that when they applied to work there they had been required to complete an application form and provide two references, even though they were part of the extended family. They said that after interview and subsequent appointment they had a period of induction before they were required to carry out their duties within the home. Records viewed confirmed this.

At the time of our visit the fabric of the home was good and the home smelled clean and fresh over the course of the day.

Observation of a medication round and examination of medication administration sheets identified that medication was well managed. Records were in place in respect of GP authorisation for covert medication management and medication charts were detailed and clear. Most medicines were dispensed to people using a monitored dosage system. This meant that medicines were pre-packed by a pharmacist into the correct doses for each time of day and supplied to the people for whom they were prescribed from a sealed package. This reduced the risk of too much medicine being taken or medicine being taken at the wrong time. We saw that regular audits helped to identify any irregularities and that these were mainly confined to errors in recording on the medicines administration record. Appropriate action such as retraining was then taken. This meant that people received the right medicines at the right time. We saw that the use of “homely remedies” was specifically sanctioned in writing

Is the service safe?

by each person's GP. We saw that there were detailed instructions for the use of "as required" or PRN medicines on one of the care files we looked at. This meant that staff could be sure of when to administer it.

Is the service effective?

Our findings

People told us they were happy with the layout and facilities provided within Ryan Care. Communal rooms were comfortable and staff told us they had done their best to make it look homely.

Bedrooms were personalised with the use of people's own furniture and personal items and we noted most rooms held items which were a reflection of their interests and life style.

The accommodation was provided within a bungalow setting and there was signage to help people with a sensory or cognitive impairment find their way around the building. The home had used different coloured features such as hand rails to aid those people who were living with a dementia or to act as a memory stimulant. This meant that the environment was adapted to suit everyone who lived there.

People we spoke with told us they were well cared for by people who had the skills to look after them. Comments included, "I feel cared for, I don't know where I would be without them", "They look after me very well, I call them my friends", "They know what help I need and are really nice people" and "They understand my confusion and treat me with dignity and respect."

Staff told us that because of its relatively small size the manager and staff members were able to react quickly to any issues that arose. These could include support or care needs, medication

Issues, falls or any problems with the facilities.

Staff records showed that staff received support, induction, supervision and appraisal. Supervision records showed that supervision took place but not always in a timely manner. We discussed this with the home manager and she confirmed that supervision was up to date but the records were held on the computer system and had not yet been transferred to individual staff files. This was confirmed by viewing electronic records. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include discussion of on-going training needs.

All the staff spoken with told us that they received structured supervision and regular training to update and enhance their skills. Training records viewed confirmed that

staff training was on-going to include moving and handling, medication management and food hygiene. One member of staff was asked how her training and development needs had been identified, and whether this was done within the context of her supervision, she replied that "Supervision is good as we can talk about anything we need to brush up on. There are a number of training modules and we can access them anytime we want."

People who used the service felt their health needs were met. Comments included; "If I need the doctor staff will get them here as soon as possible", "The district nurses come here when they are needed and they are good" and "The manager sorts it all out for us if we need medical care."

One of the staff told us, "Everything we know about people is recorded on file to make sure we know people's needs, to include health needs."

People told us that the food was good and tasty. Comments from relatives of the people who lived in the home included; "The home is spot on with food", "There is a variety of food provided and when X was ill, staff made a special effort to find foods that she may like. They even went out to buy individual items because she wanted them."

When asked about the availability of snacks and drinks when they wanted them people said, "They come round at regular times with tea and biscuits and you can also ask for a drink when you want, or make your own". A relative said "Drinks are plentiful and offered regularly."

There was a facility for people who lived in the home or their visitors to make a drink for themselves although people told us that they were always provided with drinks so did not have the need to "make their own".

We observed a lunchtime period using SOFI. One person living with dementia needed assistance with eating and drinking and the member of staff assisting was able to provide assistance without compromising the person's dignity.

Catering staff told us that choices were always available and special diets such as gluten free and diabetic meals were provided if needed. Staff told us that there was a menu in place and a variety of alternatives available on request. Discussions with the cook identified that she knew the likes and dislikes of the food tastes of the people who lived in the home. She told us that she liked to come out of

Is the service effective?

the kitchen and speak with people and gain insight into their preferred food tastes. Records showed that the home provided a lighter lunch and a choice of two or three main meals in the evening.

We saw that staff monitored people's weights as part of the overall planning process and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk.

We asked staff what they would do if a person was not eating and drinking adequately and they told us "we put them on a three day food and fluid chart and monitor them closely". When asked what they would do if the person lost any weight they said "we will ask for nutritional advice."

We saw from people's care plans that the service had contacted health professionals when people required additional support with nutrition. For example one person

had received advice from the Speech and Language Therapist (SALT) and another person who had some weight loss had been seen by the dietician and a plan put in place to help to help maintain their weight.

All care plans viewed were personalised and reflected the needs of the individual. They were written in a style which would enable the person reading it to understand what help and support people needed and when it was required. Plans were well maintained and up to date and held need to know information to include visits and actions from visiting professionals such as GP and district nurses.

Records showed that MCA assessments and Best Interests meetings had been undertaken to determine if people had capacity to make decisions, whether there was a deprivation of liberty and whether this was in the person's best interests.

Is the service caring?

Our findings

The people we spoke with who had capacity told us that they felt they were involved in planning their care and knew all about their care plan. All of the visiting relatives told us that they had been involved with the care plan and felt very much a part of the care planning process.

We could see that care and support plans had been written and reviewed by staff and the signatures on the plan showed that the people living in the home or their representative had been involved in planning their care.

Personal life history documents were completed for people who lived in the home. Staff told us that this helped them to know people's history which enabled staff to engage with people about hobbies and interests and various other aspects of their lives as they settled into the home. Care plan subsections covered twenty areas to include moving and handling, weight, psychological and emotional support, drug therapy and medication. Although the care records were comprehensive it took some time to work through them to find the required information. The introduction of a more streamlined Care Plan would enable all staff, especially new staff, to quickly follow them more effectively.

During our inspection we found that the people living at Ryan Care looked well cared for and were dressed appropriately for the weather on the day. We saw that attention had been paid to people's appearance, for example, we noted that a number of ladies were wearing colour co-ordinated clothing and jewellery. We spoke with people living in the home and their relatives. Comments included; "this is a good place to live, I wish I had known about it sooner"; "it is not a care home it's one big happy family" and "it is a lovely place I want to know why there are not more places like this. I can sleep at night now knowing the level of care and support that is provided here."

Staff told us that they tried to make time to talk with people and we saw clear examples of some staff and service users having very good trusting relationships. Staff interactions with the people who lived in the home were warm and friendly and showed mutual respect and rapport. We observed staff carrying out their care practices and noted

that they fully engaged with each individual to ensure that they understood and were in agreement with whatever task was needed. Examples included staff using various methods of communication verbal and non-verbal to ensure that people understood and agreed to any care provision including taking their medication.

Discussions with staff identified that they knew the likes and dislikes of all the people who lived at Ryan Care and had clear understanding of their individual needs. Staff told us that they enjoyed working at the home and "loved the people who lived there". Comments included; "Most of the staff are family and the people who live here are all special and are treated like family", "I love working here as it is such a friendly place and we know the people who live here are treated well and are happy" and "it is my pleasure to look after such nice people".

Personal information about people who lived in the home was securely stored in a locked cabinet to ensure that confidentiality was maintained.

We toured the premises and with people's permission we viewed their bedrooms. They presented as being homely, personalised and comfortable. People told us that they were very happy with their rooms and felt very much "at home and at peace within them."

We were able to discreetly observe the interactions between staff and people who lived in the home. We noted there was pleasant atmosphere and the interactions were ones of mutual trust, understanding and rapport. People told us that most staff were kind to them and comments included; "Staff are kind and helpful and the managers door is always open, she has a good relationship with everyone", "I love it here, I have never needed to complain, I am very happy with this home" and "Everyone is kind, I feel content here and know the staff will provide me with good care".

A service user guide was available for anyone moving into the home which gave detailed information about how the home was run. This information included daily life within the home, social contact, services provided, care and treatment, fees, health and safety issues and how to make a complaint. We noted that a copy of the service user guide was available at the entrance to the building.

Is the service responsive?

Our findings

The care files we looked at held detailed information about people's current needs. They also contained relevant information regarding people's past history to include wherever possible birth family, school/employment information, lifestyle, likes and dislikes, hobbies and interests. Staff told us that information about people's past can assist them in respecting the person for their individuality and help staff to provide care which is responsive to need.

Records showed that people who wished to live at Ryan Care had undertaken a pre admission assessment to ascertain if their needs could be met. These assessments had been completed for all the people who lived at the home prior to them being offered a placement. Information on file showed that these assessments had been carried out in various settings; such as hospital, respite centre or the person's own home. We looked at the completed pre-admission paperwork which included contributions from people's families, social workers, mental health workers and any other professional involved. This enabled staff of Ryan Care to gain insight into the background and current needs of the person who wished to move into the home and to make a decision as to the suitability of the home to meet all assessed need.

Staff told us that on admission to the home people were provided with a care plan and the people who moved in or their representative were asked to sign the plan to obtain their consent to care. Care files viewed confirmed that this process took place.

Records showed that a care plan was written from the information gathered during an assessment carried out by staff before the person went to live at Ryan Care. We looked at three care plans in detail and found that they had been written to give guidance for staff to be able to support the people in their care. The reviews were up to date so staff would know what changes, if any, had been made.

The home employed an activities co-ordinator. They explained that their role was to help plan and organise social activities both on a communal or individual basis.

Relatives spoken with said that the activities and entertainment provided was excellent. A recent activity had

been a Halloween party in which everyone got dressed up in outfits of their choice. Other activities included professional entertainers, film shows and quiz nights and people told us all activities provided were a great success. One relative told us that they visited Ryan Care most evenings and felt very much at home in an environment which provided person centred care for his family member. Another relative told us that they thought so much about the home as they felt it was "a proper family home." They told us that because of this a family member had completed a sponsored bike ride to raise funds to enable the people living there to have a Halloween party.

We noted that the daily records gave detailed information about how people had spent their

day and staff told us that activities were arranged around the wishes, choices and capabilities of each individual. During the inspection we noted that three people were reading, others were singing and dancing and one person was reciting poetry. All people presented as being content at ease within the home.

Records showed that risk assessments and care plans were regularly monitored and reviewed and as a consequence referrals were made to other services such as tissue viability, mental health services and hospital clinics.

The home had a complaints policy and processes were in place to record any complaints received and to address them as per the homes policy. The registered manager told us that no complaints had been received this year.

People spoken with told us that they knew how to complain and had been provided with the complaints policy when they first moved into the home. Two people who lived in the home told us that if they did not like anything, they would "tell the manager who would sort it out." Relatives spoken with were high in their praise of the home and comments included; "I have never had any occasion to complain about anything here. The staff and services are second to none. However we have been given a complaints policy so we know what to do if ever needed."

We noted that the home had received a number of thank you letters from the families of past residents. Comments from these included; "brilliant care, caring staff, don't know how we would have managed without you."

Is the service well-led?

Our findings

People told us that the registered manager and the registered provider talked with family members on a regular basis. People said that the registered manager was available in the home over weekends and evenings to ensure she could speak with family members who could not visit during weekdays. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback.

We found that the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on the support plans, risk assessments and medication. All essential service checks were in place to include lighting, electricity and fire.

The registered manager told us that she also sent out questionnaires annually to the families of the people who lived in Ryan Care. The family members we spoke with confirmed this. We looked at a sample of the returned questionnaires which all held positive remarks about the staff and services provided.

Staff members we spoke with said they did understand their responsibilities and they would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the registered manager.

People spoken with told us they were included in all discussions about the home and felt very much involved in the way the home was run. Comments included; “We are consulted as to what activity and entertainment should be provided for the people who live here and we are also consulted about the menus.”

One relative told us that during a recent holiday the staff of the home regularly messaged her to alleviate her concerns about her mother who was living in Ryan Care. She said “I would recommend this place to anyone. It is well led and staffed by people who really do care about the people who live there and their families.”

Records showed that the registered manager worked in partnership with social and health care agencies to include local authority social workers and GPs. Feedback from these agencies has identified that the registered manager and staff of the home were transparent in respect of the sharing of need to know information and worked in partnership to ensure that the people in the home were cared for, respected and happy.