The Partnership In Care Limited

Risby Hall Nursing Home

Inspection report

Hall Lane, Risby, Bury St Edmunds, Suffolk IP28 6RS

Tel: 01284 810921
Website: www.thepartnershipincare.co.uk

Date of inspection visit: 22 October 2014
Date of publication: 17/03/2015

Ratings

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

Overall summary

This inspection took place on 22 October 2014. It was unannounced.

Risby Hall is a care home with nursing, providing personal and nursing care to up to 34 mainly older people. Some people living in the service are living with dementia.

The service had a registered manager in place. 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 living in the service told us it was a good place to live and they felt safe. We saw that the service provided training for staff in how to recognise and report abuse. The service had procedures in place to ensure there were sufficient staff to meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code or practice to supplement the main MCA code of practice. The registered manager and staff had a

Summary of findings

good understanding of MCA and DoLS. At the time of our inspection the local authority and authorised four applications by the service under the DoLS. We saw that the service recorded and reviewed these appropriately.

Medication was administered effectively. People were supported to receive their medicines when they required them. However, storage of medicines was not safe.

People received care which met their needs and were supported to live as they wanted. People were supported to continue activities which interested them. Some people had chosen to be involved in the running of the service and were assisting the maintenance person with internal redecoration.

We observed staff providing care with compassion and in manner which supports people's dignity. People were involved in their care planning and are routinely listened to.

The service supported people to access the local community and involved relatives and friends in activities.

People living in the service, relatives and staff told us that the management were open and approachable. There were systems in place to monitor and review the quality of service.

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 not consistently safe.

The storage and disposal of medication was not safe. Medication awaiting disposal was not stored securely.

Staff had received training in how to recognise abuse and report any concerns. Each person had an individual care plan which identified and assessed risks to that person.

There were enough qualified, skilled and experienced staff to meet people's needs

Requires Improvement

Is the service effective?
The service was effective.

All staff working in the service had received training to ensure they had the skills and knowledge required to provide effective care.

People received support to meet their nutritional needs.

Good

Is the service caring?
The service was caring.

Staff were knowledgeable about people's needs.

The service held regular resident and relative meetings to gather the views of people.

Good

Is the service responsive?
The service was responsive.

People received care which was regularly reviewed to ensure it met their changing needs.

People were supported to access the community and participate in activities.

Good

Is the service well-led?
The service was well led.

People living and working in the service told us that it was led by a management team who were open and approachable.

The service regularly carried out audits to review the quality of care provided.

Good

Risby Hall Nursing 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 inspection took place on 22 October 2014 and was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses residential care for the elderly.

Before the inspection, the provider completed a 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 spoke with eight people who used the service and seven relatives of people living at the service. We also spoke with the deputy manager, the housekeeper, the handyman, six care staff and a visiting care professional. We reviewed the care records of three people who used the service, three staff files and records relating to the management of the service.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with use.

Is the service safe?

Our findings

We observed staff administering medication and saw that it was administered safely with offers of a drink to aid swallowing and tablets offered on a plastic teaspoon. During our inspection we observed that medication was stored in a room leading off of the lounge. We noticed that the room was unlocked for most of the day of our inspection. Medication awaiting disposal was stored in this room in an unlocked cupboard.

The record of the behaviour which demonstrated when a person may require medication which had been prescribed for administration 'when required' was not detailed. We spoke with staff and the registered manager who were able to describe the behaviour particular people would exhibit when medication would be required. A written record of the described behaviour would ensure that medication was administered consistently.

All the people we spoke with who were living in the service told us they felt safe. One person told us, "It is good here, they are lovely people and I feel safe here." A relative told us, "It is a good home and the staff are brilliant, just like an extended family. Yes it is safe."

Staff received training in safeguarding adults from abuse. This training was part of the initial induction programme and yearly refresher training took place. Care staff we spoke with told us it gave them a clear understanding of what abuse was and how to recognise and report it.

We saw that, where appropriate, the registered manager had raised concerns with the local safeguarding authority and co-operated with the subsequent investigation. This demonstrated they recognised abuse and knew what to do when a concern was identified.

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risks identified. Risk assessments clearly identified the risk, and the actions taken to minimise the risk. We saw that these risk assessments had been regularly reviewed with people at their care review and also when a person's needs changed.

The registered manager carried out a monthly audit of the number of accidents, pressure sores and falls that had occurred and this was sent to the provider. The provider analysed the reports to identify any emerging trends and take the necessary action.

We spoke with a visiting nurse who visited the service every three months. They told us that they had observed positive interactions between people and staff and that they thought the service was safe.

The service had a handy man who dealt with any maintenance issues to ensure people were kept safe. For example the prompt replacement of a light bulb in a person's bedroom meant that the room had reduced lighting for only a short period. The service also had maintenance contracts in place for the regular serving and maintenance of equipment such as hoists to ensure they were kept in a safe condition.

People living in the service told us that they thought there were sufficient staff. One person told us, "When I ring my buzzer they are here in a couple of seconds." We asked the registered manager how they ensured there were sufficient staff on duty to meet people's needs. They told us this was based on the needs of people living in the service. If they needed extra staff due to an increase in people's needs they could call in extra staff at their discretion. They told us they were currently recruiting an activities co-ordinator for the service.

Is the service effective?

Our findings

The service ensured that the care given to people effectively met their needs. One person told us, "They look after me very well indeed and I do not want for anything. Staff are very good and look after you well." A relative of a person living in the service told us, "I think they are brilliant, [relative] only came here for respite and then went home and asked to come back here permanently."

Staff new to the service told us they had received a two day induction programme, subjects covered included manual handling, fire safety and safeguarding adults from abuse training. Prior to working alone they had worked with a more senior member of care staff to observe their care practices and get to know the people living in the service. When they had completed their induction staff told us they received regular supervision sessions monthly for the first four months and then once every three months thereafter. Records we saw confirmed this.

Senior staff told us that additional training was available which was specific to people living in the service. One member of staff told us, "We have good training, constant training. We do dementia one and two training and end of life training." The registered manager told us that staff who do not have a formal qualification in care were expected to undertake a recognised care qualification within six months of appointment and the service supports them with this.

Staff had received training in the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. They were able to explain situations which may constitute a deprivation of a person's liberty.

The registered manager had submitted 28 applications to the local authority under the DoLS. The local authority is the body responsible for deciding application. On the day of our inspection four had been authorised by the local authority and the others were still being considered. There were procedures in place to review the authorisations to ensure this was the least restrictive option.

We found that staff took into account people's free will whilst acting in their best interest. For example, we observed staff caring for a person using a walking frame who had been constantly walking around the service during our inspection and was becoming unsteady on their feet. One member of staff said, "Come this way [name]." When they did not respond the member of staff said, "Shall we go to the day room." When they still did not respond another carer said, "Are you getting tired, do you want me to get you a wheel chair." The person then replied, "I am not feeling well." The person then willingly sat in the wheel chair.

People told us they enjoyed the food. One person told us, "The food is lovely." Another person said, "The food is excellent and I like my food." We observed that drinks and snacks were readily available to people during the day.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is a recognised method to assess people's nutritional state. As part of this screening we saw that people were weighed monthly and appropriate action taken to support people who had been assessed as at risk of malnutrition.

We spoke with the head cook. They told us that care staff kept them informed of people's nutritional needs and they were given people's MUST score each month. They demonstrated knowledge of how to nutritionally enhance food if there were concerns. They had a good knowledge of people's individual nutritional needs and gave us an example of how they ensured a people's specific needs were met.

The care records showed that, when there had been a need, referrals had been made to appropriate health professionals. A relative told us, "[Relative] has settled here and they are so on top of things and [relative] was quite unwell when they came here from hospital but the minute [relative] is ill they call a doctor and inform us. We have said a couple of times that [relative] is bad and they say we have already called the doctor." This showed us that people were supported with their health needs and had access to health professionals when needed.

Is the service caring?

Our findings

People told us that staff treated them kindly and with respect. One person told us, “The carers go beyond, one carer was on her day off and she came in to take me shopping and another one on her day off brought her dog in to show me.”

We heard one member of staff assisting a person to dress. We heard them say, “What a pretty blouse is this the one you made yourself?” The carer was polite and friendly and the person receiving assistance responded. The query about the blouse demonstrated that the member of care staff knew the person they were supporting.

We observed the cook bringing out two boiled eggs with the tops already taken off and a large plate of toast. This was put down in front of the person and they smiled and gave the thumbs up and the cook did the thumbs up back. The cook knew how the person liked their food served and gave them their choice of breakfast.

Care plans we inspected contained information about how people liked to be cared for. This included what food they liked and how they wanted to be cared for at night, for example if they wanted the light on or off. People and their relatives were involved in regular reviews of their care plans.

We saw that staff involved people in making decisions and gave people choice and independence. For example we heard one member of care staff saying to a person they were bringing into the lounge, “Where would you like to sit, at the table there or over there in the sunshine?”

People had easy access to their care plans as printed copies were kept in their bedroom. The service also stored care plans on a computer system which was accessed by care staff using a fingerprint system. We asked the registered manager if keeping the printed care plan in people’s bedrooms meant that unauthorised people may have access to them. They told us that the care plans were stored discreetly behind the door and that this had been discussed with the provider and agreed as the most appropriate way to ensure people had access to their care plan.

We observed staff interacting with people in a friendly and respectful way. We saw that when a person in the lounge required a hoist to transfer to a wheelchair, staff put screens in place to ensure their privacy. The screens were readily available to staff and light to move. This meant the process took place with minimal disruption to other people in the lounge and did not attract attention to the process thereby maintaining that person’s dignity.

People’s relatives and friends were able to visit without restrictions. One the day of our inspection one person had their young grandchildren visiting them. A relative told us, “If we phone in the morning they give us lunch or tea or an evening meal and we can sit with [name] and there is no charge.”

Is the service responsive?

Our findings

We saw that people were supported to follow their interests and take part in social activities. A relative told us, "…… they garden, paint, feed the goats, help with the chickens and fold the laundry. They go to the pub. They have 'gotten their confidence back here and I cannot fault the staff. They included [relative] in a lot of things and [relative] has not become institutionalised."

People told us they were involved in the running of the service and were able to participate if they wished. One person told us, "It is nice here and the staff are kind and the food is nice, I am going to help again with the decorating." We spoke with the maintenance person and they told us that four people living in the service had volunteered to help with painting the corridors and he was supervising them doing this.

People's needs had been assessed before people moved into the service. Care plans had been regularly reviewed and updated to demonstrate any changes to people's care. We saw that staff had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records.

People living in the service had completed a document entitled 'My Story' which was kept in their room and was accessible to care staff so that they could see what a person's hobbies and interests were. We spoke with one relative who had worked with a person to write their story. They told us how much they had enjoyed writing the story with their relative and how they had learnt things about their relative that they had not known before.

People were supported to maintain their hobbies and with access to the local community. One person was in the lounge and a member of the care staff was sitting with them supporting them to knit. We saw in their 'My Story' that they had enjoyed knitting prior to coming to live in the service. Another person told us that they liked to go out on their mobility scooter. They told us, "It only needs charging once a week and they do it for me." A relative told us, "They did a memory walk, it was a lovely day and the carers walked six miles and family and friends pushed the residents in wheel chairs and we got back to a hog roast, ice cream stand, bouncy castle and they gave medals and certificates."

The service planned any improvement to ensure they met people's needs. For example we saw that where a new carpet was required a plain one had been ordered to replace a patterned one as some people with dementia found a patterned carpet difficult to live with.

The service had received one verbal complaint in the last year and this had been resolved informally. This showed us that the service was listening to people who used the service. The service had a complaints policy. This included the procedures to be followed if a complaint was received. There was a copy of this in each person's room.

Is the service well-led?

Our findings

There was a registered manager in place. People living in the service told us they knew who the manager was and that they were approachable.

All the staff we spoke with were positive about the culture of the service. One member of care staff told us, “There is a good staff group here who work well together.” All of the staff felt they could approach the manager if they had any problems and that they would listen to their concerns.

The manager told us that they regularly worked a care shift in the service, including a night shift. They told us this meant that they could monitor the culture and attitudes of staff.

All staff were given a staff handbook. This gave details of some of the service policies such as the service philosophy of care and what to do if somebody raised a concern to them. It also gave contact details for senior members of staff and the provider and the Suffolk safeguarding authority.

The service held regular meetings for people living in the service and relatives to gain their feedback about the quality of service being provided. Quality assurance surveys were sent out to people and their relatives annually. The survey asked questions about the quality of care, food, staff and how welcoming the service was. The results from the most recent survey were displayed in the reception area. The results from the survey were analysed and used to devise an action plan for improvement.

There were systems in place to monitor the quality and safety of the service. The manager carried out a monthly resources audit which was submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and used to monitor and address any trends.

As part of this audit the manager could recommend staff for an incentive award to recognise good practice or additional training completed. The registered manager told us about a recent event which had taken place at an external venue and was attended by staff and people living in the service to recognise staff achievements.