Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Risedale at Abbey Meadow

Duchy Court, Barrow-in-Furness, LA13 0BF

Tel: 01229814650

Date of Inspection: 17 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Risedale Estates Limited
Registered Manager	Mrs. Jane Harper
Overview of the service	Risedale at Abbey Meadow provides accommodation for up to 47 people who need personal and nursing care. The service provides support to adults who have a learning disability, physical disability, mental health needs, dementia and complex nursing needs.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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

What people told us and what we found

Many of the people who lived at Risedale at Abbey Meadow were not easily able to express their views about the service or the care they received. We observed people in communal areas in the home and spoke to some people and their families in their rooms. We found that people received the care they needed in a way which respected their rights and protected their safety, dignity and independence.

People who lived in the home told us that the staff who worked there were "nice" and said they were "easy to talk to" if they had any worries. People we spoke with told us they liked their rooms and said they were supported to take part in a range of activities which they enjoyed.

Visitors to the service told us they believed people who lived in the home were well cared for. They said the staff included them in decisions about their relatives' care and made them feel welcome in the home. One person told us, "The staff are more like friends."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Many of the people who lived at Risedale at Abbey Meadow were not easily able to express their views about the service or the care they received. We observed people in communal areas of the home to assess how they were supported by the staff.

We saw that people were given choices about their lives and the decisions they made were respected. During our observations we saw people were given choices about the activities provided, where they spent their time and about the meals and drinks provided to them.

We saw that staff protected people's privacy by knocking on doors to private areas before entering and providing support to people in a discreet manner. Doors to bedrooms were closed while people were being cared for in their rooms. Where people were cared for in bed, but wished to have their bedroom doors open, we saw that staff ensured they were covered by bed clothes to ensure their dignity.

We observed that people were given information about their care in a way they could understand. One person required regular blood tests in order to maintain good health. We saw that the nurse on duty discreetly discussed carrying out the tests with the person and ensured they understood the time the next test would be carried out and why they were required. When it was time for the test to be carried out the person was supported to move to a private room for this and then to return to the communal area afterwards. This ensured the person received appropriate information and support in relation to their care and maintained their privacy and dignity.

We spoke to visitors to the home who told us they were happy with the care provided. They said they had been included in decisions about the support provided to their relatives. We saw that staff consulted with visitors about the care provided to their relatives and respected their views.

We looked at the records the service held about some people who lived there. We saw people who used the service and their families had been included in developing the

information held about them. Where people were not easily able to express their wishes information about them had been gathered from their families and from other people who were involved in supporting them. This information was recorded in individuals' care records to ensure all the staff knew the things that were important to them about their lives and how they were supported in the home. The information held about people was written in a respectful and positive way. Individuals' care records included information about the tasks they were able to carry out for themselves as well as those where they needed support from staff. This made sure people's independence was maintained.

During our inspection we saw that two people were getting ready to go out with a member of staff to follow activities in the local area and other people told us about activities they enjoyed away from the home. People were given opportunities and support to be involved in the local community.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We observed people in communal areas in the home and spoke to some people and their families in their rooms. We saw people received the support they required at the time they needed it. People were supported in a discreet manner and the choices they made were respected by the staff in the home.

The staff on duty were able to communicate with and understand the people they were supporting. We saw that people were given choices about their care and lives in the home in a way they could understand. Where people needed additional time to be able to express their views and wishes we saw staff gave them the time they required.

We observed that people living at the home were comfortable and confident with the staff who were supporting them.

We saw that staff took time to sit and talk with people who lived in the home and understood this engagement was an important part of the support provided to the person. These positive interactions ensured people were placed at the centre of their care.

People were supported to follow activities of their choice in the home and local community. One person told us they enjoyed sitting in one of the communal areas so they could "see what was going on" while they engaged in an activity they enjoyed. Other people told us about activities they were supported to take part in both in the home and community. Activities were planned and provided to take account of individuals' preferences and choices.

We saw people were supported to make decisions about the activities they followed with appropriate risk assessments in place. One person had chosen to continue to engage in an activity that they enjoyed before moving to the home. Their care records showed the potential risks associated with the activity had been discussed with them and their family. We saw that appropriate measures had been agreed to reduce the risks and to maintain their safety while they were away from the service.

Visitors to the service told us the staff at Risedale at Abbey Meadow provided a good quality of care to the people living there. They told us, "[My relative] is well looked after" and said they were "always" involved in decisions about their relatives' care.

We looked at some of the care records the service held about people who lived there. We saw that a thorough needs assessment had been carried out before people moved into the home. The needs assessments had been used to develop a care plan which identified the support the individual needed and how staff were to provide this. We saw that the person and their family had been included in developing the needs assessments and care plans. People's care plans had been reviewed regularly to ensure they remained accurate and up to date.

From speaking with people in the home and observing individuals in the communal areas we saw that the care plans gave an accurate reflection of the individual, the things that were important to them in their lives and the care they required from staff in the home.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Risedale Estates Limited, the registered provider for the service, had systems in place to ensure people were protected from the risk of infection. The organisation had identified senior managers who were responsible for assisting home managers to identify possible risks and to ensure appropriate controls were in place to protect people.

Each service carried on by the provider had an identified staff member responsible for overseeing infection control. The "Infection Control Champions" attended regular meetings where updated guidance, best practice and any identified issues could be discussed.

All homes carried on by the provider had infection control policies and procedures which were audited regularly.

During our inspection at Risedale at Abbey Meadow we saw that the home was clean and free from any odour. The home employed domestic staff to ensure communal areas and bedrooms were clean and provided people with a safe and comfortable environment in which to live and work.

We saw that the cleaning staff returned to communal areas after meals had been served to ensure any spillages were removed in a timely manner.

We looked in some bedrooms on each unit and found the bedrooms, ensuite shower rooms and furnishings were all clean. Each of the ensuite shower rooms we looked in had a storage unit where items required to support the individual in their personal hygiene were kept.

We observed staff as they carried out their duties and saw they followed appropriate procedures to protect people from the risk of infection. We saw that staff used appropriate disposable equipment, such as gloves and aprons, to reduce the risk of contamination.

Staff we spoke with said they had received training in infection control and knew the importance of following appropriate procedures to protect people.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Risedale at Abbey Meadow was purpose built as a care home for people who had complex personal and nursing care needs. The home provided spacious and homely accommodation and had a range of adaptations suitable to meet the needs of the people who lived there.

The home was arranged into three units, each with its own communal areas and specialist bathing facilities. All bedrooms were for single occupancy and people were able to bring their own possessions into their rooms and to personalise them as they wished. Each bedroom had an ensuite shower room with a toilet and there were spacious adapted toilets on each unit and close to communal areas. People who lived in the home told us they liked their bedrooms.

The building was set in attractive, well maintained grounds which gave people safe and private outdoor areas to enjoy.

We looked around each unit and found all communal areas and bedrooms were clean and maintained and decorated to a high standard. The home employed maintenance staff to ensure people were provided with safe and well maintained accommodation. Equipment in the home was serviced regularly under contracts with appropriate professional services.

Appropriate risk assessments had been completed and controls identified to protect people including from risks such as fire and Legionella.

Robust systems were in place to ensure the security of the premises and grounds to ensure people who lived there were safe.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with were very positive about the care provided in the home and the staff who worked there. One person said, "They can't do enough for [my relative]" and another told us, "The staff are more like friends."

We asked visitors to the home if they had ever found areas to be short staffed and they said they had never noticed this. They told us, "There are always staff around if you need them."

During our inspection we spent time in the communal areas of the home and saw that there were enough staff on duty to provide people with the support they required when they needed it. We observed that people living in this home were well cared for and received support in a way which placed them at the centre of their care.

We saw the staff in the home were knowledgeable about the needs and preferences of the people they were supporting. They gave people the time they needed to express their wishes and included people in decisions about their care. This made sure people maintained control over their lives. Although many people could not easily communicate their needs or wishes verbally we saw that the staff were able to understand how people were feeling through the non verbal communication signs they showed. We saw that care staff noticed a change in one person's behaviour and were able to identify that they were becoming increasingly anxious. The staff used their knowledge of the individual to adapt how they were supported. We saw this relieved the person's anxiety and supported them to feel more comfortable.

Risedale at Abbey Meadow provided accommodation for people who needed nursing and personal care. There were qualified nurses on duty at all times to make sure people received the support they needed.

The staff we spoke with told us that they had completed a range of training to give them the skills and knowledge to meet the needs of the people they supported.

The home employed cooks, cleaners and maintenance staff to ensure people were provided with comfortable and safe accommodation and meals which met their needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke with raised no complaints about the services provided at Risedale at Abbey Meadow. Visitors to the home told us they would be confident speaking to a member of staff or the manager of the home if they had any concerns about the support provided to their relatives. One person said, "I've never needed to complain" and another told us, "If I have even the smallest concern I speak to the staff or manager and it's always sorted straight away."

Risedale Estates Limited, the registered provider for the home, had a formal procedure for receiving and responding to complaints from people who used their services and their families. People could raise concerns with the manager of the service or with the Director of Nursing, who was responsible for overseeing all the service provided by the organisation. This meant people could raise concerns with an appropriately senior person or with a person who was not directly responsible for the running of the home.

We looked at the records of concerns received by the organisation. We saw concerns raised had been investigated and a response given. Where concerns raised had identified areas where services could be further improved we saw appropriate action had been taken in response to the issues identified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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