Inspection Report

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

Ryecroft Private Residential Care Home

1 Kings Avenue, Meols, Wirral, CH47 0NH

Tel: 01516321068

Date of Inspection: 26 June 2014

Date of Publication: July 2014

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Ryecroft Care Limited
Registered Manager	Ms Eileen Mountford
Overview of the service	Ryecroft Private Residential Home is registered to provide personal care to a maximum of 14 people. The home is located in Meols, Wirral and is close to local amenities. Twelve of the home's bedrooms are ensuite and bedroom accommodation is located across three floors accessible by a passenger lift.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 26 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

As part of this inspection we spoke with two people who lived at the home, one relative, the registered manager, the deputy manager, two members of the care team and a medical professional. We also reviewed records relating to the management of the home which included three care records, daily written records, records relating to the safety and maintenance of the premises, audit records and records relating to feedback on the quality of service provided and its management.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

People had been cared for in an environment that was safe and satisfactorily maintained. The home offered a pleasant, homely environment for people to live in. There were formal maintenance arrangements in place to ensure electrical, gas and fire alarm systems met recognised industry standards of safety.

We had concerns with the provider's call bell system used by people who lived at the home to summon staff assistance. We identified that staff could only see information in relation to who was calling for help from the ground floor. This meant if staff were on the 1st or 2nd floor when the call bell was rung, they had to go back downstairs to the ground floor to find out who was calling or where the call was coming from. This meant there was a risk that people's calls for help would not be met in a timely and responsive manner. Staff told us that to counteract this, they undertook regular checks on people to ensure

their assistance needs were met. We spoke to the provider about the call bell system. They provided evidence that they were currently in discussions with the supplier of the call bell system to resolve this.

During our inspection of the home in February 2014 we found that people's care records did not contain clear or sufficient information on people's needs, risks or care. Information in relation to the involvement of other healthcare professionals in the person care was also disjointed. At this inspection, we found that sufficient improvements had been made.

Records showed that people's needs and care were now clearly identified, assessed and regularly reviewed to ensure they remained effective and safe. Information in relation to the appointments people attended and the advice given by other healthcare professionals in relation to their care, was clearly documented and easy for staff to understand.

Is the service effective?

The people we spoke with as part of our visit told us that they were happy with the care they or their relative received. They told us staff looked after them well. The relative we spoke with said they were "Very pleased" with the care their relative received. They told us staff understood the person's needs, monitored their health and well- being and respected the person's choices in relation to their care. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well.

Is the service caring?

People were supported by kind and attentive staff. We saw that interactions between staff and people were positive and there was a warm, homely atmosphere at the home. People were relaxed and comfortable in the company of staff and the two people we spoke with said that staff treated them nicely and with respect.

Is the service responsive?

People's needs were assessed both before and on admission to the home. Records confirmed people's preferences and interests had been recorded and that care and support had been provided in accordance with their wishes. We saw records to indicate the service worked well with other healthcare professionals to ensure that people received the health and social care support they required. For example, we saw evidence that GPs, chiropodists, district nurse, continence and assistive technology services were all involved in people's care and that their professional advice was followed by the home when it was given.

Is the service well led?

There was no registered manager post at the time of our visit. A new manager had been appointed and commenced employment at the home in March 2014. They recently submitted an application to the Care Quality Commission to become the registered manager. This application was still in progress at the time of our visit.

We reviewed the quality monitoring systems at the home that managed the risks to people's health, safety and welfare and monitored the quality of the service. We found there were some systems in place to ensure that risks to people's health, safety and welfare were effectively managed and that the service provided was a safe and of a

satisfactory standard. For example, health and safety audits, home inspection checks and weekly meetings between the manager and the provider were carried out to plan for and act upon any improvements the service required. We noted however that some of the processes in place were inconsistent in terms of frequency and raised this with the new manager. The new manager told us about their plans to introduce some new quality checks at the home. They told us they had just introduced a new medication audit and had plans in place to commence regular care plan audits.

We saw that an annual satisfaction survey was conducted in February 2014 with people who lived at the home and/or their relatives in order to gain their feedback on the quality of the service provided. We saw their feedback was positive. Overall we found the home and its staff were satisfactorily managed. The two people and the relative we spoke with agreed with this. Comments included "No complaints about anybody or anything" and the new manager is "Absolutely brilliant".

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

There were 14 people living at the home on the day of our visit. We spoke with two people who lived at the home and one relative during our visit. Both people with spoke with said they were well looked after. For example, one person who was unwell at the time of our visit told us the staff came in to check on them regularly and ensure they had a drink. Another said they were able to "Do their own thing" and that staff were nice and they were happy at the home.

The relative we spoke with said they were "Very pleased" with the care the person received. They told us staff understood the person's needs, monitored their health and well-being and respected the person's choices in relation to their care.

We reviewed three care records. We saw that people's needs were assessed prior to and on admission to the home. Care plans were person centred and gave simple but clear guidance to staff on people's needs and care. For example, information was provided on people's general health, mobility, medication, dietary and emotional/social needs. The provider may find it useful to note that all of the records we looked at indicated people had dementia type conditions. There was limited information however on how the person's dementia impacted on their day to day life and the support they required. We spoke to the manager about this on the day of our visit.

People's preferences in how they wished to be cared for were documented in their care plans and any risks in relation to the delivery of care were assessed and regularly reviewed. For example, there were risk assessments in place for moving and handling, nutrition and pressure area care. This showed us that people's individual needs and risks were identified and managed in the delivery of care. The provider may find it useful to note that there were no falls risk assessments in place for people with a high risk of falls. This meant that the risks associated with the person's tendency to fall were not fully identified.

We saw that one person whose care records we looked at, had recently experienced a significant decline in their physical health. An interim care plan had been put into place to provide additional guidance to staff on some of the changes in the person's needs and care as a result of the ill- health for example personal care and nutritional changes. We noted however that the interim care plan did not update staff in all aspects of the person's care. We spoke to the manager about this who rectified this immediately on the day of our visit.

We observed that people were relaxed in the company of staff. We noted that interactions between people and staff were positive and jovial which created a warm, homely atmosphere. When people required support, we saw that their needs were met promptly and that they were treated kindly and with respect.

We spoke with two staff. We asked them about the needs of one of the people whose care records we had looked at. Staff we spoke with talked fondly of the people they looked after. They were able to clearly describe people's preferences, day to day needs and the care they required.

An activities timetable was displayed in the entrance area of the home which provided information on the activities on offer at the home each day. There were a variety of activities on offer. For instance, games, reminiscence, manicures, bingo, musical exercises, quizzes and outdoor walks. On the morning of our visit, one staff member was returning to the home after supporting a person to attend a coffee morning at a local church. In the afternoon we saw that people enjoyed time to relax and watch an old movie, 'Singing in the Rain' on the television. This showed that people's social and activity needs were considered in people's day to day care.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw that the manager and staff at the home co-operated with health and social care professionals and other individuals involved in the care, treatment and support of people who used the service. For example we saw that people had access to GP's, district nurses, chiropodists, continence services and assistive technology services (for example wheelchair, pressure mattresses) and attended the hospital appointments arranged for them in relation to their physical health.

Records showed that where there was a concern about a person's health, the advice of GP's, district nurses and other healthcare professional was sought. Records of people's appointments or visits with other healthcare professional were recorded in the person's care file with their professional advice documented for staff to follow. We saw that contact with healthcare professionals was maintained to ensure people received the health and social care support they needed.

The relative we spoke with said "The doctor visits regularly" and staff recently "Reacted very quickly" in accessing the advice of the district nurse in relation to care of the person's skin. We spoke with one medical professional who was involved in the care of one of the people who lived at the home. They said staff at the home cared for the person well and were good at "Following the instructions given" in relation to the person's care.

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

On arrival at the home we did a tour of the building. Accommodation was spread out across three floors.

The entrance area to the home was light, brightly decorated and welcoming. Corridors and communal areas of the home were tidy and free from clutter and the lounge and a dining room on the ground floor were pleasantly decorated. Bedrooms were situated on all three floors and were accessible by both a staircase and passenger lift.

The majority of the bedrooms had their own sink and toilet facilities and there were communal bathroom facilities on the ground and second floor. The ground floor bathroom contained a communal bath and the second floor bathroom contained both a bath and a shower facility. Both baths were equipped with a bath hoist to assist people with mobility problems into the bath. We found however that both baths were in need of cleaning and that the bath hoist seat covers were dirty and in need of a wash. We spoke to the deputy manager about this during our tour of the building who immediately drew it to the housekeeper's attention.

We noted there were a couple of repair issues around the home which required attention. For example some of the ceiling tiles looked damp or damaged and there was a cracked window pane in one of the bathrooms. Overall however the home's general state of repair was good.

We asked the deputy manager what the maintenance arrangements were at the home. We were told repairs were undertaken by a local handyman who was called out to the home as and when required. We asked staff about how repairs were recorded and organised. They told us they reported any repairs directly to the management or the provider who visited the home once a week. We saw evidence that a maintenance schedule in relation to the home was in place.

We saw there was a call bell system in place for people to ring for assistance. A call bell information panel was available on the ground floor which alerted staff to the area of the home in which assistance was required once the call bell was pressed. There was no call

bell information panel however located on the 1st and 2nd floor. This meant that if staff were on the first or second floor when a call bell rang there was no way for staff to check which area of the home the call was coming from unless they went back downstairs to check the ground floor call bell panel first. The deputy manager and the two staff we spoke with during our visit confirmed this. We were also told that although they could hear the call bell in the 1st and 2nd floor corridors, they were unable to hear the call bell if they were in people's bedrooms at the time the call bell was pressed. This meant that there was a risk that people's calls for assistance would not be met in a timely and responsive manner.

Staff told us they undertook regular checks on people in their bedrooms throughout the day and night to ensure people's assistance needs were met and people were safe. The provider may find it useful to note however that there was no formal risk assessment in place to identify and manage the risks associated with the issues relating to the call bell system.

We spoke to both the manager and provider about our concerns about the call bell system. The provider told us that they were currently in the process of liaising with the supplier of the call bell system to either install an additional call bell information panel on upper floors or to provide staff with a mobile pager system that alerted them immediately to people's assistance calls. We saw formal evidence of the discussion between the provider and the supplier in support of this.

We noted that floor plans in relation to the layout of the building and the location of smoke detectors, fire extinguishers and emergency exits were displayed on the ground floor to help in the event of an emergency. A fire risk assessment had recently been undertaken, weekly fire alarm tests were up to date and all staff had attended fire safety awareness training in April 2014. The provider may find it useful to note however that the last fire drill undertaken was recorded as August 2013.

We reviewed the formal maintenance arrangements for the electrical, gas and fire alarms systems. Records showed the systems conformed to the relevant and recognised standard and had been regularly externally inspected and serviced.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

There was no registered manager post at the time of our visit. A new manager had been appointed and commenced employment at the home in March 2014. The new manager had recently submitted an application to the Care Quality Commission to become the registered manager of the home. The application was still in progress at the time of our visit.

We asked to see evidence of the quality monitoring systems that ensured the health, safety and welfare of people who lived at the home. We were shown evidence that some systems were in place. An external health and safety audit was completed in August 2013 by the company used by the home in respect of health and safety advice and management. We saw that an action plan was in place and that the provider was working towards compliance with this action plan. The provider was involved in risk assessing and auditing aspects of health and safety around the home for example, conducting fire risk assessments, a general internal audit every four months and the completion of a home audit. These audits identified and managed the hazards and repairs in the home's environment.

We saw that the provider had undertaken an inspection of the home's bedrooms in March 2013. The provider told us these had been reviewed in September 2013. We also saw that a general environment audit was completed in February 2014. We noted that where actions had been identified they had been completed. The provider may find it useful to note however that some of the audits for example, the home inspection audit were over 9 months old. This meant there was a risk that they could be out of date.

We saw evidence that the provider had audited a sample of the home's care plans and the quality and safety of the service in relation to housekeeping, catering, medication and staffing arrangements in January 2014. We found that where issues had been identified these had been acted upon and completed. The provider may find it useful to note

however that it was unclear how often this audit was completed by the provider in order to ensure the quality of the service provided.

The audits we reviewed were inconsistent in terms of frequency. We spoke to the manager about this. They said they were currently looking at the audits in place and showed us the new medication audit they had recently introduced. They also told us about their plans to introduce additional health and safety audits (called customer path audits) and regular care plan audits to ensure care files continued to contain accurate and up to date information about people's needs and care.

We were told by the provider that they visited the home on a weekly basis to check the quality of the service and to support the manager with the management of the home. They told us they did a visual inspection of the home to check for cleanliness, any repair and maintenance issues and talked to people about the care they received at the home. The manager confirmed that weekly meetings took place and showed us their handwritten notes from the meetings held with the provider. The provider also provided evidence after the inspection with regards to the topics discussed and management actions agreed. The provider may find it useful to note however that there were no formal records relating to the provider's visual inspection and discussions held with the people who lived at the home in relation to their care.

We saw that accident and incident information was logged in people's care files and recorded on an accident/incident form in the manager's office. We asked the manager how accident/incident information was analysed to identify any trends for example in the type of falls or location so that the home could learn from accidents/incidents and take appropriate action. The manager advised that no formal accident/incident audits were currently undertaken. This meant no learning from accidents or incidents was utilised to prevent similar incidents happening in the future. We spoke to the manager about this during our visit.

Systems were in place to seek and act upon the views of people, relatives and visitors to the home. An annual satisfaction questionnaire was sent out in February 2014 and used by the provider to assess the standard of the service provided. We saw that eight questionnaires were completed by people who lived at the home and six by relatives/visitors. We reviewed a sample of the questionnaires completed and found people were satisfied with the service provided. Comments included "I am very pleased with the care my relative receives"; "All staff are so patient and caring" and "Its first class".

This demonstrated that there were suitable systems in place to enable the provider to come seek feedback and come to an informed view of the standard of care provided. Overall, we found that the home and its staff were managed well. People and the relative we spoke with agreed with this. Comments included "No complaints about anybody or anything" and the new manager is "Absolutely brilliant".

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection in February 2014, some of the information in people's care files about their needs and care was disjointed, unclear and difficult to follow. There was also no evidence that care plans and risk assessments had been regularly reviewed and updated to reflect significant changes in people's needs or care. Following February's visit, we asked the provider to send action plan outlining the action they were going to take to ensure each person's care record contained proper, up to date and accurate information about them. We reviewed the records of the provider again during this visit and saw that sufficient improvements had been made.

We reviewed three care records. We saw that all assessment and care plan information was in the same format making it easy to read and follow. Information and guidance in relation to people's needs and care were clear and people's risks had been adequately identified and assessed. All the care records we looked at showed evidence of regular monthly review and had been updated with significant information as required.

At our last visit, the communication records in relation to appointments made with other healthcare professionals such as GP's, mental health, hospital services contained disjointed information in relation to people's needs and the advice given. During this visit, we saw that communication records had been simplified. There was a communication record now in place which clearly recorded people's appointments with other healthcare professionals and the advice given in relation to their care. We reviewed the entries made on the communication records and saw that the advice was clearly documented and easy to understand.

The provider may find it useful to note however that one person's medical information indicated the person's had an allergy to certain types of medication. This information was not clearly documented within the person's care file.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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