

Mrs Gillian Conroy and Mr John Conroy

Riccall House Care Home

Inspection report

78 Main Street
Riccall
North Yorkshire
YO19 6QD
Tel: 01757 248586
Website: www.riccallhouse.co.uk

Date of inspection visit: 29 and 30 January 2015
Date of publication: 24/03/2015

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

This inspection took place over two days, 29 and 30 January 2015 and was unannounced. At our last inspection on 18 November 2013 we had not found any breaches of legal requirements.

This service is registered to provide accommodation for 18 older people some of whom have dementia. Accommodation is provided over two floors; the home is set in private secure gardens. There is a small car park for visitors. The home is situated on Main Street in Riccall village close to local amenities. Staff are available twenty four hours a day to support people.

The home 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service were cared for by staff who understood they had a duty to protect people from harm. Staff knew how to report abuse and said they felt able to raise any issues, which helped to keep people safe.

We observed that there were enough staff available to support people during our visits. Staff knew people's care needs and risks to their health and wellbeing which enabled them to support people appropriately. Training was provided to all staff to help them to develop and maintain their skill.

People lived in a well maintained, clean environment, bedrooms were personalised with memory boxes placed outside people's bedroom doors to help them find their bedroom. Pictorial signage was provided to help guide people to bathrooms, toilets and lounge areas.

People were offered home cooked food with appropriate fluids to maintain their nutrition. Those who required prompting or support to eat were assisted by patient and attentive staff. Staff monitored people's dietary intake and gained help and advice if people were losing weight. This ensured that people's nutritional needs were met.

Visiting health care professionals that we spoke with informed us that they had no concerns about the service people received and they were positive about the help and support provided to people by staff. They confirmed staff acted upon their advice to promote people's health and wellbeing.

People were involved in making decisions about their care. Staff supported people to make decisions for themselves. People's privacy and dignity was respected.

A complaints procedure was in place, anyone wishing to make a complaint could do so. There were systems in place to deal with complaints in a timely manner.

People living at the home and their relatives were asked for their opinions about the service provided. The registered manager undertook regular audits which helped them to monitor and maintain the quality of the service. However, we have made some recommendations throughout the report for the registered provider to consider.

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. People we spoke with said they felt safe living at the home. People were cared for by an experienced staff team.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely.

Good



Is the service effective?

The service was effective. People were supported by staff who had undertaken training which helped them to deliver effective care and support to people.

People's mental capacity was assessed to help to protect their rights.

People's nutritional needs were met. The menus offered variety and choice and provided a nutritious, well-balanced diet to people.

People were supported to access health and social care professionals, such as GP's, chiropodists and opticians to maintain their health.

Good



Is the service caring?

Staff were caring. People were treated as individuals. Staff knew people's needs well and supported them with kindness and consideration.

Staff assisted people to be as independent as possible. Staff were observant, they spent time with people to sit and talk or sing and dance with them. People we spoke with told us they felt cared for.

People spoke positively about the care they received and said they were treated with kindness and compassion. Feedback from family members was positive.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff reported changes in people's conditions to relevant health care professionals so that they gained advice and support to maintain people's wellbeing.

Complaints procedures were in place for people or their relatives to use to raise any issues.

Good



Is the service well-led?

The service was well led. A registered manager was in place. People we spoke with told us they were satisfied with the service they received. Relatives we spoke with confirmed this.

Good



Summary of findings

The ethos of the home was positive; there was an open and transparent culture and a friendly welcoming environment. Staff were aware of their roles and responsibilities and understood the management structure of the home.

Meetings were held to gain people's views. Their views were listened to and were acted upon.

Riccall House Care 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 was planned to check 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 29 and 30 January 2015 and was unannounced. It was carried out by one adult social care inspector.

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 also reviewed the information we held about the service we looked at notifications we had received and we reviewed all the intelligence CQC held. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home. We planned the inspection using this information.

On the day of the inspection we spoke with 14 people who lived at the home and with four staff and the registered manager. We spoke with three visiting professionals and with three relatives of people using the service. We inspected care and support plans, medication

administration records and risk assessments for three people living at the home. We inspected all the medicine records and medication storage. We looked at records which demonstrated how the service was run, these included policies and procedures, audits undertaken and minutes of meetings that had occurred, staff rotas and maintenance checks undertaken. Three staff files were inspected, this included recruitment information and training records.

We observed people in the communal areas of the home during our visit. We were shown around the home and were invited into people's bedrooms to be introduced to them. During our inspection we saw how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI) in the dining room and lounge over lunchtime. SOFI is a way of observing care to help us understand the experiences of people who cannot express themselves.

The local authority contracts and compliance team was contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. Neither had any concerns to raise about this service.

Is the service safe?

Our findings

This service was safe. People we spoke with said they felt safe living at the home. One person we spoke with said, "Staff are lovely here they care for me when I need help. I feel happy and safe here." Another person said, "I don't feel too bad here, I don't feel uncared for I am looked after and I am safe here." We asked people if they felt safe at the home, everyone we spoke with who could respond told us they did feel safe at this service.

Relatives we spoke with said they felt their loved ones were safe. One relative we spoke with said, "It is absolutely wonderful here. The minute we saw this home it was welcoming and homely. The staff were reassuring. There are no issues here." Another relative said "It is wonderful here, there is no high turnover of staff, always the same faces, it is hard work but staff stay put. My relative recognises the staff, they feels safe here definitely, they are prone to become anxious or worry. I have seen that disappear since being here. Staff are about to assist X."

When we spoke with staff they confirmed that they had received training about how to protect people from abuse. They told us they would act immediately if they become aware abuse or witnessed abuse occurring. Staff said they would make sure the person was safe and reassure them, they would then report the abuse to the registered manager. Staff told us they knew abuse was reported to the local authority and to the Care Quality Commission (CQC).

The registered manager had undertaken environmental risk assessments to identify any areas which needed attention. There was a fire risk assessment in place for the premises; information was available to staff and to the emergency services about people's individual needs to evacuate them safely. This information stated people's level of understanding and mobility, which would help inform the emergency services.

The service had been inspected by the local authority environmental health officer; a five star rating had been awarded for food hygiene.

People's care records initially did not appear to have all the required information in place about risks to people's health and wellbeing. We spoke with the manager about this. They informed us that they were changing the care records to a standex system and so the old documentation had been removed. We asked to see the removed information

because there was not enough information in people's care files for us to make a judgement about whether or not people's needs were being safely met. We found the removed information was personalised and detailed about the care required and risks to people's health and wellbeing. For example, it identified risks to people's wellbeing in the home's environment such as stairs. Individual assessments for the risk of falls, tissue damage due to immobility or reluctance to eat. We discussed with the manager the importance of keeping all the relevant information in the current care file to help inform the staff and other visiting professionals about people's full and current needs. This information was replaced into people's care records. During this process this documentation was reviewed to make sure it was up to date to reflected people's needs and to protect their wellbeing. By the time that our inspection was completed this work had not been undertaken for everyone living at the service, we have asked the registered manager to complete this and we will review this on our next inspection of this service.

Maintenance and safety checks of the property had been completed for areas such electricity, portable appliances tests and water safety. Records confirmed these checks were up to date. The service shared a handyman who was available at certain times to carry out minor repairs to maintain the safety of the premises.

We spoke with the staff that were responsible for the medication systems in operation in the service. They told us how they ordered people's medication, checked it was correct when it was delivered and monitored people were receiving their prescribed medication. We inspected all the medicine administration records (MAR) for people living at the home. We saw allergies that staff needed to be aware of were noted on people's MAR. Photographs of people were available to help staff identify the person medication was prescribed for. A member of staff who was giving people medication at lunch time was observed. We saw they were competent and skilled at undertaking this safely. They told us that only staff who had received training in medications were allowed to undertake this. This helped to prevent errors from occurring. We found that medicines were stored securely.

We looked at staff recruitment files and these contained checks undertaken with the disclosure and barring service (DBS) police checks, and an application form which requested information about the applicant's previous

Is the service safe?

experience, qualifications and any gaps in employment. The files contained copies of references taken from previous employers, confirmation that police checks occurred and completed application form which requested information about the applicant's previous experience and qualifications. However, we noted for two out of three staff files we looked at there was only one reference in place. These staff had worked at the home for some time, one for 12 years. We also saw that even though staffs identity had

been checked prior to a police check being undertaken, the home's recruitment policy had not been followed because there was no photocopy of the member of staffs' identification on file. We have asked the registered provider to address this to ensure, as far as possible that people were being cared for by suitable staff.

The provider may wish to review their recruitment procedure and check it is adhered to.

Is the service effective?

Our findings

People we spoke with told us that they felt the service was effective at supporting them. They said their needs were met by friendly staff that looked after them well. One person said, "I have stayed here longer than I would because I like it here. Staff are good they are friendly they know me and treat me like family they are there when I need them. I don't feel uncared for, I am looked after." Another person said, "The staff are kind and attentive. I am very fortunate here. I like it, the staff are good."

Relatives we spoke with told us that they felt well informed. They said staff were skilled at looking after people and that there was enough staff to ensure people's needs were met. A relative we spoke with said, "It's absolutely wonderful here. I am kept informed if my relative is not well, if issues crop up I am told straight away. Another relative said, "They have done such a good job with my relative, X has put on weight, is settled and does not wander. I drop in when I can, everyone is happy, there is lots going on. Some people are very poorly. I have never seen them anxious, distressed or in pain. Staff are so patient, everyone is very relaxed." We observed that people were supported effectively with all activities of daily living and activities.

Visiting health care professionals told us that people's conditions were monitored and that changes to people's needs were reported to them timely so that action could be taken to protect people's health and wellbeing. A visiting professional said, "I visit a lot, staff take on our advice, they always take our names and write down what has happened and stay with us with the patient. I feel the staff are skilled, trained and very attentive." Another said, "I see one person, their feet are good. If someone's nails were long and needed cutting staff would tell me and I would come to see them."

We observed staff delivering care and support in the communal areas of the home. We saw staff assisting and encouraging people to choose how they wished to spend their time. We looked at the staff rota. The registered manager told us how these were put in place to make sure there was enough suitably skilled staff available to help people. They said that the staff team was stable and had been for a long time which provided continuity of care for people. We observed there were enough staff to meet

people needs on the day of our inspection. We observed that before people were given help staff asked if it this was okay and gained the person's consent to assist them or to enter the person's bedroom.

Staff we spoke with told us there was always training available to them. Training for staff was provided in health and safety, moving and handling, fire safety, safeguarding, first aid and medication. Specific training was provided in relation to dementia so that staff could understand people's needs. Staff told us they had the opportunity to further their development by undertaking nationally recognised qualifications. Each member of staff had their training recorded and there was a system in place to make sure the registered manager knew when training for staff needed to be updated, this helped to maintain the staff's skills. Staff we spoke with confirmed training was ongoing to help them to maintain their skills. A member of staff we spoke with said, "I attended a training day. This had a bit of everything including first aid. There was separate medication training. I have done dementia training and an insight into schizophrenia and depression. My safeguarding training was really interesting."

The registered manager told us that they were not up to date with carrying out supervision for staff. They said they worked with staff and discussed care and any performance issues on a daily basis, however there was only a few notes the manager had made about this and these were not dated. We were shown some supervision records for two members of staff that had occurred on formal documentation. They told us how they observed staff when working generally in the home to monitor how staff were performing. The registered manager told us she was going to put a system in place to address the lack of recorded supervision. Staff we spoke with told us they felt supported by the manager and could discuss any issues relating to their performance, the care of people living at the service or any other issues. Staff confirmed they could request supervision at any time and all said they were supported well by informal supervision. The registered manager told they were about to schedule appraisals with the staff. Implementing formal supervision and appraisal would assist the registered manager to understand the training and developments needs of the staff and allowed them to address any performance issues. The registered manager received support from the registered providers of this service.

Is the service effective?

We recommend that the registered provider ensures a system of supervision is in place for staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People at the service had their mental capacity assessed. The registered manager was contacting the local authorities to gain further guidance where this was necessary to gain clarity about Deprivation of Liberty Safeguards in individual cases. While no applications had been submitted, appropriate policies and procedures were in place for staff to refer to. This helped to protect people's rights.

People at the home had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes were known by staff and the cook. This meant that meals and refreshments were provided that people liked. We observed lunch, this was home cooked. There was a choice of food available to people and people were reminded what was available to them through a menu displayed in the dining room and by staff showing people the food. People who were not sure what they would like to eat were given time to think before choosing what they wanted. Staff offered second helpings to people and if someone did not want to eat at the meal time staff went back to them later to see if they were ready to eat, which helped people to maintain their nutrition.

Lunch was a social occasion. Staff asked people if they needed any help, for example we observed staff asking a person if they wanted their food cut up or have help to do this. We saw that appropriate help was offered to a visually impaired person, staff described what food was on their plate. People had no hesitation in asking for alternative drinks or second helpings. Adapted crockery was used to

aid people to eat their meals independently. We observed that snacks and drinks were offered to people during our visit. Supper was available for people and snacks were available throughout the night if people wanted something to eat or drink, which helped meet people's nutritional needs.

We saw the building was suitable for hoists, special equipment such as hospital beds and pressure relieving mattresses were provided to individuals who had been assessed as requiring this support. Staff at the home asked relevant health care professionals to assess people as their needs changed for walking aids and wheelchairs. This enabled people to maintain their independence. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. Some people had 'memory boxes' outside their bedroom doors with photographs or items in them to help people to remember where their bedroom was. People's bedrooms were personalised and some contained items to help people reminisce about loved ones and their life.

We saw evidence that confirmed General practitioners, dentist, opticians and chiropodists helped to look after people's health and wellbeing. We spoke with three visiting professional to the home. They were all positive about the service. One said, "The staff are lovely, warm and welcoming. The staff are lovely with the residents, they bend over backwards for them, very attentive, they call them by their preferred name. They help and involve them. It feels like a home." Relevant health care professionals had been contacted for help and advice for people who were not well or who were not eating well. This helped to maintain people's health.

Is the service caring?

Our findings

People we spoke with said that they felt cared for by the attentive, kind staff. One person said, “The staff know what to do they are skilled and professional. Another person said, “The staff are special. I have had the doctor he had a look at me.” We observed people appeared relaxed in the presence of staff and spent quality time with the staff talking or undertaking activities. There was friendly banter between people and staff and this created a friendly atmosphere. People told us They would not want to live anywhere else.

Relatives we spoke with said they felt the staff were very caring and felt they could not have found a better home for their loved ones. One relative said, “The minute we saw this place it was homely and welcoming. Staff were reassuring, the media portrays negative issues, there are no issues here.” Another relative said, “It is fabulous here, I cannot rate them highly enough. I looked round a few homes then met the manager here. The staff manage my relative so well it’s such a good care home; they have done such a good job with them.” Relatives we spoke with told us they were always made welcome and were supported by the staff at the home.

People were asked by the staff if everything was alright for them and if they needed any help or assistance. Staff were seen to support people to make choices, where possible, about how they wished to live their life. Staff knew people’s needs well and told us they enjoyed looking after the people living in the service. Some staff had worked there

for many years which helped provide continuity of care to people. A member of staff we spoke with said, “I feel at home here. It is home from home. We treat people how you would want to be treated.”

We observed staff assisted people with personal care in bedrooms or bathrooms to ensure people’s privacy was protected. Staff treated people with dignity and respect. We observed staff speaking with people; time was spent speaking slowly and clearly to people who could not hear well, or with those who needed time to think before responding. If people appeared not to understand what was being said staff rephrased what they were saying to help the person to understand. We observed staff speaking with people whilst kneeling down so they gained good eye contact. Staff were also seen undertaking spontaneous activities, singing and dancing with people. This was seen to be enjoyed by people at the home and by the staff. Staff appeared to be patient and kind to people living at this service.

The registered manager told us that advocacy services were available to people. Currently no one was using this service.

The registered manager told us that the staff worked as a team to ensure people were effectively cared for. They the staff team was very stable and worked in all areas of the home so that all the staff knew each person’s needs well. The registered manager told us that staff were flexible and would cover sickness or holidays for each other to make sure people were cared for.

Is the service responsive?

Our findings

The service was responsive to people's needs. People we spoke with told us how their changing needs were accommodated. One person said, "I have had the doctor, he has had a look at me." Relatives we spoke with said they were kept informed of their relations changing needs. A relative said, "My relative fell I was informed immediately." They also said there were activities occurring to stimulate people mind. Another relative said, "Everyone is happy. There are always things happening there is one activity lounge and a quiet lounge, there's lots going on."

We saw on the first day of our visit that an assessment was taking place to review a person's, changing needs. A family member attended this which helped them to feel fully included and informed. The registered manager said that family were always told about any reviews that needed to be held so that they could attend.

People we spoke with and relatives confirmed they felt happy they could raise any concerns at any time. A person we spoke with said, "I have no complaints its lovely here." A relative said "I would speak with the manager if I had any complaints." There was a complaints policy and procedure in place and information about how to make a complaint was displayed in the home. The registered manager told us that at resident meetings people were reminded how to complain. They said they would deal with any formal complaints but that they made a point of asking people if they had any minor concerns to raise on a daily basis, so that people remained satisfied with the service they received.

Visiting was allowed at any time and the registered manager told us that people were assisted to go to local clubs and events in the village supported by family or staff, which allowed people to be involved in the local community.

We saw from people's care records that health care professionals were contacted for help and advice if a person became unwell or their needs changed. This helped to make sure that people gained the care they needed to receive. The registered manager told us how they monitored people's falls and consulted with falls team if the person needed any further support to prevent falls from occurring. We saw evidence that this occurred.

People at the home chose what they wanted to do and decided how they wished to spend their time. Staff asked people what they wanted to do and where they wished to spend their time. We saw that people had lain in bed until they wished to get up, some until nearly lunchtime. Staff acted upon what people said.

Activity occurred, there had been a Christmas fayre and we saw information displayed about a 'visiting zoo', Staff were seen reminiscing with people. We saw before lunch a sing along took place and people were singing and dancing supported by the staff.

People's care records contained life history information which informed staff about people's pasts, and helped them understand people's values, likes and dislikes. We saw that the information in people's care records were person centred, for example, a person's care plan for their personal hygiene stated 'X requires assistance from staff and requires time and patients, Social wellbeing care plan; they enjoy one to one time with care staff and likes to look at photographs. Entries in people's care records showed that people's needs were reviewed when their needs changed. The registered manager was updating everyone's care files to make sure they were up to date; this review was well underway on the second day of our visit. We assessed that people were receiving the care and support they needed to receive from the small stable staff team. People's care records contained information for staff about how they may deal with people if they were anxious or displayed behaviour which was challenging.

Is the service well-led?

Our findings

Everyone that we spoke with during our visit told us they were happy with the service they received. A person said, “It is fantastic here.” Another person said, “I feel happy and safe here.” A relative we spoke with said, “The manager is very ‘hands on’. I can get a message to her and she will ring me back.” Another said, “I have no complaints at all, it is absolutely wonderful.”

The ethos of the home was to support people and the ethos of the home was to create an open and positive culture. The service had an established staff group with a low staff turnover, which meant people received consistent care. Staff told us they liked working in the home and felt that they received sufficient training to develop their skills and knowledge.

During our visit we observed that the registered manager had an ‘open door’ policy. Staff, relatives and visitors were able to speak with her at any time. Staff we spoke with told us that the registered manager and senior staff were supportive. They said they could speak with the manager or senior staff about any issues, which were then dealt with appropriately. A member of staff we spoke with said, “I have had enough support from the registered manager and senior staff. There was an ‘on call’ system in place for staff to gain help and advice when the manager was off duty; the senior staff were able to contact the manager if they needed too.

The registered manager told us that they carried out a combination of audits and checks. These included

medication, falls, fire safety, health and safety, bedroom and bedrail audits. This helped them to act quickly to address any issues. The senior staff at the home were undertaking care file audits.

The service carried out a yearly quality assurance survey; this was sent to relatives on 5 February 2014. We saw that thirteen responses had been received, all were positive. There were residents meetings held regularly to gain the views of people living at the service. Issues discussed included outings and menus provided. The registered manager confirmed they spoke with people on a daily basis and encouraged people to raise any issues no matter how small. We saw that people felt at ease speaking with the registered manager and staff.

During our visit we observed the registered manager monitored the quality of the service being provided to people. They had come in to the home to assist us with our inspection when they were allocated not due to be at work. The registered manager told us that they had a good staff team in place who were dedicated to the people living at the home.

Staff rotas were prepared by the registered manager. They were prepared in advance to ensure staff on duty each day had the correct qualifications and skills to support people. For instance it was important to ensure staff were on duty who could administer medications. This helped the service to run well.

There were emergency contingency plans in place. Staff had access to contractor’s details so they could request assistance at the home promptly. Weekly fire alarm tests were undertaken, staff were aware of the help people needed to receive to get them to safety in the event of a fire.