

Risedale Estates Limited

Risedale Retirement and Residential Home

Inspection report

Risedale
Abbey Road
Barrow In Furness
Cumbria
LA14 5LE

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 29 June 2017. The inspection was unannounced.

Risedale Retirement and Residential Home provides accommodation for up to 69 people who need support with their personal care. The service provides support to older adults, people living with dementia and people who have a physical disability. The home has been adapted for its current use and has a range of equipment to meet people's needs and to promote their independence. There are two units, one on the ground and one on the first floor, which provide accommodation for people who are living with dementia. There were 55 people living in the home when we carried out this inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People felt safe and well cared for living in the home. There were good systems in place to identify and manage risks to people's safety and people were protected against abuse and avoidable harm.

There were enough staff, with the appropriate skills, to support people.

Medicines were handled safely and people received their medicines as their doctors had prescribed.

The staff were well trained and supported to carry out their roles.

People enjoyed the meals provided and were supported to maintain good health.

People agreed to the care they received and their rights were protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew and liked the staff who worked in the home. The staff treated people in a kind and caring way. People were supported to maintain their independence and their privacy and dignity were protected.

Care was planned and provided to meet people's needs.

Visitors were made welcome in the home. People were supported to build and maintain relationships that were important to them.

People were provided with a range of activities that they enjoyed and that took account of their individual preferences.

There were suitable arrangements for the management of the service. People knew the registered manager

and were confident approaching her as they needed.

The registered manager checked on the quality of the service, including by asking people for their views.

Further information is in the detailed findings below.

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Risedale Retirement and Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 June 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience had experience of caring for older people and people living with dementia.

During the inspection we spoke with 17 people who used the service and six visitors to the home. We observed how staff interacted with people in all areas of the home. We also spoke with six care staff, two ancillary staff, the registered manager of the home and the registered provider's director of nursing.

We looked at care records for six people who lived in the home and training and recruitment records for four staff members. We also looked at records relating to the safe operation of the home and how the registered manager and registered provider monitored the safety and quality of the service.

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 reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care services to obtain their views of the home.

Is the service safe?

Our findings

Everyone we spoke with told us that they were confident people were safe living in the home. People told us, "I feel safe" and said, "I have never felt so safe." Visitors we spoke with said the staff employed in the home ensured the safety of people living there. One visitor told us, "The residents [people who live in the home] seem to be very safe ... I was stopped by a member of staff asking why I was here, which is a good sign that they are keeping the residents safe."

All of the staff we spoke with told us they knew how to protect people from harm and abuse. They told us they had received training in how to identify and report abuse and would be confident reporting any concerns to the registered manager or to the local safeguarding authority.

Providers of health and social care service have to notify the CQC of any allegations of abuse. The registered manager had informed us of all concerns as required. The notifications we received showed the registered manager had taken appropriate action in response to all concerns to ensure people were protected.

Risks to people's safety had been identified and managed. People's care records included information for staff about how to provide their care in a safe way and the actions to manage any risks. The registered provider had robust systems to identify risks including the risk from fire. All of the staff we spoke with knew how to support individuals to remain safe.

We saw, and people told us, that there were enough staff to support people and to provide their care when they required it. People who lived in the home and the visitors we spoke with said, "There are enough staff" and told us, "There are always plenty of staff around." The registered manager told us that she was able to increase staffing levels if this was necessary due to a person's needs increasing. The registered provider's director of nursing confirmed this. Robust checks were carried out when new staff were employed to ensure they were suitable to work in the home.

People told us they received the support they required with managing their medicines. We saw that medicines were stored securely to prevent them from being misused. Clear and accurate records were kept of all medicines given to people. This helped the registered manager to check that people had been given their medicines as they needed and as they had been prescribed. Medicines were handled safely and people received their medicines as their doctors had prescribed.

Is the service effective?

Our findings

People who lived in the home told us the staff were "good at their jobs" and said, "The staff are brilliant, they appear to be well trained." A visitor we spoke with said, "You can tell the staff have the skills necessary by the way they talk to the residents [people living in the home]."

The staff told us, and we saw from the records we looked at, that they received a range of training to give them the skills to provide people's care and to ensure their safety. We saw that staff received training relevant to their roles including handling of medicines, moving people safely, first aid and supporting people living with dementia. The staff were also supported to complete qualifications in health and social care.

Throughout our inspection we saw that the staff asked people what support they wanted and only provided this with people's consent. The staff gave people explanations in a way they could understand and respected the choices people made about their support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was knowledgeable about her responsibilities under the MCA. She had identified where people required restrictions to ensure their safety and had applied for DoLS authorisations where these were appropriate. The staff we spoke with knew the actions to take to protect people while respecting their rights. Appropriate action was taken to ensure people's safety and rights were protected.

People told us they enjoyed the meals provided in the home and said they had "plenty to eat". One person said, "The food is excellent . . . we get plenty of choices." Another person told us, "There is a good choice of meals." We observed the midday meal being served and saw the mealtime was a pleasant and sociable occasion that people enjoyed.

One person told us they had gained weight since moving into the home and said this was because they enjoyed the meals. People who were at risk of not eating enough to maintain their health had been referred to appropriate health services such as their GP and a dietician. People's weights were monitored. Records we saw showed that people who had been at risk due to not eating enough had been supported to gain weight.

Everyone we spoke with said they were supported to see appropriate health care services to maintain their health and wellbeing. Where people could not easily travel to routine health care appointments the registered manager arranged for health care services to visit them in the home. During our inspection we saw that the registered manager had arranged for an optician to visit one person. The individual told us they thought it was "very good" of the registered manager to arrange for the optician to visit them. Records we looked at showed people were supported to see a range of appropriate health care services to support their physical and mental health and wellbeing.

The environment provided people with safe accommodation that was suitable to meet their needs. People had a choice of shared sitting rooms where they could spend their time away from their own rooms. The home had two areas that specialised in supporting people who were living with dementia. We saw best practice had been followed in these areas with décor to help people to recognise their own rooms and to locate the bathrooms and toilets. The registered manager and registered provider had made improvements to these areas since our last inspection at the home. The communal areas had been extended to increase the size of the shared eating and sitting areas. This gave people more space to enjoy time away from their own rooms.

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for living in the home. People who lived there told us, "I am very well looked after" and said, "[The staff] look after me well."

People told us the staff who worked in the home were "very nice and friendly" and said, "The staff are very good and caring."

One person told us they had been unsure about moving to a residential care service but said that, having experienced life in the home, they decided to live there. They told us, "I did not want to come at first but this home is very good so I have decided to stay here, I like it."

Throughout our inspection we saw that the staff treated people in a kind and caring way. They were attentive to people's needs and spoke with people in a friendly and respectful way. The staff identified if a person was feeling anxious or unwell and responded promptly to provide support and reassurance. People told us the staff supported them if they were anxious. One person told us, "I talk to the staff if I am worried or upset. They [staff] are very good that way." Another person said, "They [staff] would do anything for me. If I am worried they would look after me."

People told us they were included in agreeing to the care they received. They said the staff asked what support they want and provided this. They said the staff and registered manager asked them if they were happy with the support provided or if there was anything they wanted the staff to do differently. One person told us, "[The registered manager] asks if everything is okay, and it is."

People told us, and we also saw, that the staff supported them to carry out tasks themselves and to maintain their independence. When we spoke with the staff on duty they understood the importance of assisting people to maintain their independence. One staff member told us, "I ask if people need help and encourage them to do things themselves."

The staff in the home took appropriate actions to maintain people's privacy and dignity. They ensured doors to private areas were closed when they assisted people with their care and knocked on doors to private areas before entering. The staff were able to describe how they assisted people in a way that protected their dignity including while assisting people to dress and to use the bathroom.

The staff we spoke with said they were confident people were well cared for in the home. They told us the staff worked together to support people to a high standard and said, "We [staff] are a brilliant team." One staff member told us, "The residents [people living in the home] seem happy, I try to make them smile." During the inspection we also saw staff engaging with people who lived in the home and saw how this supported individuals' wellbeing.

Is the service responsive?

Our findings

People told us this was a good place to live and said they were involved in decisions about their care and lives. One person told us, "The staff always ask what I want" and another person said, "I get up when I want and choose my own clothes." We were also told, "I chose what time I go to bed, it's very easy going here."

Some people were supported by relatives to make decisions about their support. They told us the staff ensured they were able to express their own wishes. One person said, "My family are involved [in discussing my care] but I have the final say." This helped to ensure people's rights were respected.

Each person had a care plan that detailed the support they needed and the choices they had made about their lives. The staff we spoke with told us the care plans gave them good guidance on how to support people who lived in the home.

People told us they were provided with a range of activities that they enjoyed. One person told us, "I've been down to [join in with the] activities, I enjoy it, it keeps me going." People told us they had enjoyed taking part in a variety of activities including exercising to music, flower arranging, card making and trips away from the home visiting the local area.

During our inspection an activity was provided in one of the communal areas on the ground floor of the home. We saw that people from all areas of the home, including those where people living with dementia were supported, were invited and supported to join in the activity. Everyone we spoke with said it was their own choice whether or not they joined in with the activities.

Activities were provided to take account of people's likes and preferences. One person told us, "I enjoy gardening and I have lots of plants, in pots, outside on the veranda."

Everyone we spoke with told us that visitors were made welcome in the home. People told us they could see their friends and family as they wanted. One person told us, "Visitors can come and go as they want." A relative we spoke with said, "I was told to treat this as my home." Another person told us "[My relative] visits every afternoon. She is invited to have lunch with me, the staff make her feel so welcome."

People told us they had also made new friends since moving into the home. One person said, "I have a good mate next door [neighbouring room]." A relative we spoke with said, "The activities are great and [my relative] has made lots of new friends." People who lived in the home were supported to build and maintain relationships that were important to them.

Everyone we spoke with told us they would be confident speaking to a member of staff or the registered manager if they had any concerns about the service provided in the home. They told us they knew how they could raise a concern about the care provided and were confident action would be taken. One person told us, "Doesn't matter what you want or if something isn't right, the staff will do something about it."

Is the service well-led?

Our findings

There was a registered manager employed to oversee the day-to-day management of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people we asked told us they knew the registered manager. They said they saw the registered manager around the home and told us she asked them for their views of the service. Two people were unclear about who the registered manager was. However, we observed the registered manager speaking to them in a communal area and saw they knew her and were confident speaking with her.

The registered manager said she visited all areas of the home each morning to speak with the staff on duty and people who lived there. She said this allowed her to maintain oversight of the home and to be kept informed of any incidents or concerns about people's health or wellbeing. During our inspection we saw the registered manager carry out her visits to the various areas of the home. People we spoke with also confirmed the registered manager carried out these visits and spoke to them. One person said, "[The registered manager] comes and chats and to see how you are." Another person said, "The manager [registered manager] is very nice ... a lovely person, she pops in now and again."

All of the staff we spoke with told us they felt well supported by the registered manager and registered provider. They said there was always a senior person in the organisation that they could contact if they required advice or guidance. One staff member told us, "The manager [registered manager] is very supportive."

The registered manager and registered provider had good systems to monitor the quality and safety of the service. These included asking people to share their views of the home by completing quality surveys. Meetings were also held where people could discuss the activities and meals provided. Where people shared comments about how the service could be further improved we saw the registered manager and registered provider had taken action. One person said they had identified an activity that they wanted to follow. They told us they had been supported to engage in the activity and were provided with the resources they needed to do so. They said, "The home provides whatever I want."

The registered manager and registered provider carried out regular checks on the home to ensure people received a high quality and safe service. We saw that these included checks on the safety of the environment and the records held. This helped to identify any areas that required attention so that action could be taken promptly.