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# Riccall House Care Home

## Inspection report

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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

Riccall House provides residential care for up to 18 people, some of whom may be living with dementia. Residential accommodation is provided on the ground and first floor in three shared bedrooms and 12 single bedrooms. A stair lift is available to the first floor. There is communal dining and lounges on the ground floor, which lead to an accessible outside space. At the time of this inspection there were 17 people living in the home.

At the last inspection in January 2015, the service was rated Good. We made recommendations regarding the recruitment procedure and staff supervision arrangements. At this inspection we found the service remained Good.

People were supported by staff who had been checked and vetted as suitable to work in a care service. We found there were enough staff to assist people in a timely way. We asked the registered manager to keep the hours individual staff worked under review.

Environmental and individual risk assessments were completed. These were used to identify and minimise the risks to people who used the service. We have made a recommendation about using best practice guidance to assess and reduce the potential risk of falls on stairs for people living with dementia.

People's medicines were managed in a safe way.

Staff received updated training including safeguarding training to ensure they could meet people's needs safely.

People were supported to have 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's nutritional needs were effectively met. People spoke positively about the quality of the food, which they enjoyed.

People were supported to access health care professionals when needed. Feedback we received from visiting healthcare professionals was positive. A healthcare professional told us that the staff acted on any advice given and this resulted in improved outcomes for people.

People and relatives said the registered manager and staff were helpful and friendly. Staff understood the importance of respecting people's dignity and treating people with respect.

People felt there was a good range of activities of their choosing. They knew who to speak with if they had any worries or concerns and were confident that action would be taken if they raised any issues.

There was a registered manager in post. The registered manager made sure regular audits were carried out to ensure the service was well managed and organised.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 registered 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 comprehensive inspection took place on 22 February 2017 and was unannounced. The inspection was completed by one adult social care inspector and an expert-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.

Before the inspection the provider was asked to complete 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 notifications about any incidents in the home.

We asked commissioners from the local authority and Healthwatch for their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who used the service and five relatives who visited during the inspection. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times and during medicines administration. We spoke with seven staff including care assistants, senior care assistants, the registered manager, the administrator and domestic staff. We spoke with two visiting healthcare professionals. We reviewed records relating to the care of four people. We also looked at documentation relating to the management of the service such as three staff recruitment files, training and supervision records, staff rotas, staff meetings, quality assurance audits and menus. We looked around the building.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and trusted the staff. One person told us, "Staff always keep us safe." Comments we received from relatives included, "I have never had any concerns about [Name's] care," and, "I think Riccall do a great job."

Training records we saw confirmed staff had received training in how to protect people from harm. Staff told us that they would raise any concerns with managers and were confident that any issues they raised would be acted upon. The registered manager explained that staff knew people well and were quick to pick up if people were upset or worried.

At our last inspection we identified that not all the relevant information was available in people's care files to help inform the staff and other visiting professionals about people's current care needs. At this inspection we found care plans contained risk assessments which were updated on a regular basis or when the person's needs changed. For example, changing care needs that followed an illness or a stay in hospital.

Risk assessments provided staff with guidance on how to reduce distressed behaviour. For example, the registered manager told us about one person who was helped to bathe in a way that reduced their anxiety when they were undressed. Healthcare professionals told us that staff knew people well and they said the relevant information was always accessible to them.

We received some conflicting views about staffing. Some people told us they felt the service was short staffed while others said there were always enough staff. One person who used the service told us, "Staff never rush me." A visitor who told us an additional member of staff had been employed to cater for their relative's needs said, "There is always plenty of staff." Staff told us that they felt there were sufficient staff on duty to meet people's needs effectively. They said that they worked together as a team and covered for each other in case of absence owing to sickness or holidays. This meant that staff could provide consistent, safe care. During our inspection we observed that staff were attentive and were on hand to give assistance to people in a timely way. We discussed the rostering system in place with the registered manager. We asked them to keep this under review to ensure that individual staff did not work excessive hours.

At our last inspection we recommended that the registered provider reviewed their recruitment processes to make sure they adhered to their recruitment policy. We discussed recruitment practice with the registered manager and the administrator. They described the recruitment processes they followed, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The registered provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions, to protect people. Records confirmed this process was being followed.

We saw that the corridor leading from the extension to the main part of the building was accessed via a series of steps. We also identified a change in floor levels leading into a lounge area, which could pose a risk

of falls to people living with dementia.

We recommend that the registered provider follows best practice guidance on assessing and reducing the risk of falls.

Maintenance and safety checks of the property had been completed for areas such as electricity, portable appliances tests and water safety. Records confirmed these checks were up to date.

Systems were in place to ensure medicines were ordered, stored and administered safely. We observed medicines administered and saw people who used the service received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their medicines. A consultant geriatrician had reviewed people's medicines, together with a senior community nurse. People's capacity to refuse their medicines had been assessed and action had been taken to support people who had covert medicine. This is when medicine is administered in disguised form by administering it in food and drink. As a result the person is unknowingly taking medicine. In these cases we saw that best interest decisions had been made.

## Is the service effective?

### Our findings

People told us they felt that staff were well trained and had the right knowledge and skills to support them. One person who used the service told us staff were, "Excellent. They are always there for you." A relative said, "We always knew we could trust the staff here."

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications had been made to the supervisory body by the registered manager and they were awaiting the outcome of these.

We saw staff gained people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These meetings were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare. Visiting health care professionals told us that people's conditions were monitored and that changes to people's needs were discussed with them so that action could be taken to protect people's health and wellbeing.

Records showed staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. One visitor told us that specialist training had been provided to ensure staff could meet their relative's care needs. They said, "I can't praise the staff enough." Staff confirmed they received training on a regular basis. Examples included MCA and DoLS training, safeguarding and medicines. The administrator told us they monitored staff training, to ensure that refresher training was undertaken in a timely way.

Staff told us they thought the training was good and equipped them to do their job effectively. One care worker told us, "The training covered everything I needed to know." With regard to induction training another care worker said, "The induction training was very personalised and related to individual service users."

At our last inspection we identified that staff supervision sessions were not up to date and we recommended that the registered provider ensured a system of supervision was in place for staff. At this inspection staff told us that they had regular supervision sessions with the registered manager. In addition, staff told us that the registered manager was very approachable and worked in the service on a daily basis. They said that the registered manager had an 'open door' policy and was available to speak with for advice and guidance at any time. We saw this in practice during our inspection.

People's dietary intake was closely monitored by the staff and people told us they enjoyed the meals

provided. Records showed that healthcare professionals were involved with people's dietary needs and visits were made when required. We saw people's care plans contained information about their health needs and how staff were to support the person's health. Health issues were documented in people's care plans and healthcare professionals confirmed they were contacted when support was needed. People were supported to access their GP when required and regular reviews were undertaken to ensure people were healthy.

Adaptations had been made to the service to assist people living with dementia find their way around. In the extension this included the use of different coloured bedroom doors and signage to help orientate people to their whereabouts. An enclosed courtyard space provided people with an outside area which the registered manager told us was enjoyed in better weather. We identified that areas of the main building were worn and 'tired' and seating needed cleaning or replacing. The registered manager told us these areas were due for refurbishment.

## Is the service caring?

### Our findings

People who used the service spoke positively about the care they received. One person who told us staff were excellent said, "They [the staff] are always there for you." Other comments we received from people who used the service included, "Generally speaking staff are kind," "They are all nice to me," and, "Everything here is tickety boo." Relatives told us that there was always a friendly atmosphere and they could visit at any time. Comments included, "More than happy," "Very happy," and, "We couldn't ask for anything better." A visiting healthcare professional said, "[The service] is warm, friendly and welcoming."

Relatives told us that they felt informed and involved in care reviews. They said they were consulted about their relative's care and support needs. One visitor told us that the service also cared for them as family members. They said, "They [the staff] always book a meal for me when I visit." Staff clearly knew people well and relatives told us there was a stable staff group and this meant their family members received good continuity of care.

Staff told us that they tried to maximise people's independence and wherever possible they tried to encourage people to do things for themselves. For example, we saw one person confidently moving around the service. They said, "I just follow the red [handrail] and I don't go far wrong."

Care plans showed that people lifestyle preferences including their religious preferences were included and this helped staff to provide a service that met people's preferences. Staff told us that they had respectful relationships. Examples included calling people by their preferred names and respecting people's dignity when providing personal care. Throughout our inspection we observed staff asked people what they would like to do and how they would like to be supported. People were comfortable and at ease when speaking with staff and we observed that there was a warm, friendly atmosphere.

People's wishes for end of life care were recorded in their care plans. Staff told us they supported people with end of life care and although this was demanding at times they said they found it rewarding.

## Is the service responsive?

### Our findings

Staff were knowledgeable about each person and how to support them in the way they preferred. One person who told us they had been worried about moving into a care home said, "I didn't like it at first but they are so good. I wouldn't go anywhere else now."

A visiting healthcare professional also told us staff knew people well and could spot any changes in their well-being. They commented, "They [staff] are willing to work with mental health services to improve outcomes for people."

We saw that care plans were detailed and included information about people's likes and dislikes. Staff told us they found the care plans helped them to get to know the person. A member of staff said they always asked people how they wanted to be cared for to ensure people exercised choice in their lives.

Care plans were up to date and these were reviewed monthly or more often in response to changing needs. People's needs were assessed before they moved into the service to ensure these could be responded to and met. We observed staff updated people's daily notes and a handover was given at each shift change. This meant that essential information was passed between staff so that they could meet people's individual needs in a consistent way. Relatives told us that staff were responsive and flexible. For example, one person told us their relative had been escorted for an urgent hospital appointment and staff had stayed with them. This provided the person with the reassurance they needed.

A range of activities were offered in the service such as shiatsu, musical afternoons, painting and drawing. People told us about local clubs and events in the village, which they could attend and one person told us, "I like to spend time watching TV and I listen to the radio. Sometimes I go to the shop in the village." People were supported to attend religious services of their choosing and we saw that arrangements were in place for people to receive visitors from local churches if they wished.

People received information about what they could expect from the service and how to make a complaint if they were not happy. The complaints procedure was also displayed in the main entrance area. People told us they had not needed to raise a complaint, but they said they would approach the registered manager if they had concerns or complaints. A care worker told us they had sourced individual bedding to resolve a complaint about bedding. This showed us that people were treated as individuals and ensured concerns were satisfactorily resolved. One person raised a concern with us regarding the behaviour of another person, which they felt had not been resolved. We discussed this with the registered manager and asked them to investigate the issues raised with us.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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. The registered manager understood their responsibility to ensure the CQC was informed of events which happened at the service and affected the people who used the service. When we inspected we identified that the Statement of Purpose needed updating and we asked the registered manager to submit this.

People we spoke with told us they found the registered manager and the staff approachable and genuine. One person who used the service told us that the registered manager was very helpful. One person said, "[The registered manager] is good." A visiting healthcare professional said, "It seems well-organised and other colleagues are positive as well."

The service had an established staff group with a low staff turnover, which meant people received consistent care. Staff said they felt supported and there was an open, inclusive culture in the home. Staff told us they liked working in the home and felt that they received sufficient training to develop their skills and knowledge. Staff told us the registered manager was approachable and they had opportunities to give their views and suggestions about the service at staff meetings, supervisions and appraisals. In addition, a care worker told us they could always have an informal meeting with the registered manager at any time. Relatives told us that the registered manager was available when they visited. They said that the staff and the registered manager asked their opinions on the care that was provided.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager and senior staff had undertaken on a regular basis. This meant the registered manager was able to monitor the safety and well-being of people who lived at the service. This meant they could easily identify, assess and manage potential risks.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance.