

Community Integrated Care Rydal Mount

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

This inspection visit took place on 23 August 2017 and was announced.

Rydal Mount is a small bungalow set in its own ground in a residential area close to the centre of Wigton. It provides support for up to four people with learning disabilities. Each person has their own bedroom and shares communal facilities.

At the time of our inspection two people lived at Rydal Mount. They had lived together for several years.

At the last comprehensive inspection on 10th July 2015 the service was rated overall as good. At this inspection we found the service remained good.

There was a registered manager in place but they were not available on the day we inspected. 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.

People who used this service were not easily able to converse with us but we were able to observe how they were supported and have limited conversations with one person. They indicated they were happy and safe at Rydal Mount.

There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were in place which provided guidance for staff. This minimised risks to people.

There were enough staff to support people with personal care and social and leisure activities. They were supported to develop their skills and knowledge to assist them to carry out their role and to provide safe care and support in the way people wanted.

Medicines were managed safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People indicated they were happy with the variety and choice of meals available to them.

Care plans were personalised and informative. They described how people wished to be supported and their needs and wishes. People who received support or where appropriate their relatives were involved in

making decisions about their care. Their consent and agreement were sought before providing care.

People who lived at Rydal Mount or their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people indicated they could let staff know if they were not happy about something.

Senior staff monitored the support staff provided to people. Audits of care and surveys of the views of people and their families were carried out regularly.

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.

Rydal Mount

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 inspection visit took place on 23 August 2017 and was announced. This was because it was a small service and people were often out during the day. We needed to make sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 23 August 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

There were only two people who lived at Rydal Mount when we inspected. One person was out for most of the day and we only met them briefly. The other person spoke with us but had limited verbal communication and was not able to converse in depth. We observed staff interactions with one person who lived at the home. We also spoke with a health and social care professional, a visiting senior manager, a senior care staff and two care staff. Prior to our inspection visit we contacted the commissioning department at the local authority and social worker. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care and support records of two people, the services training and recruitment and supervision

records of three staff members, arrangements for meal provision, records relating to the management of the home and the medicines records of two people. We reviewed the services recruitment procedures and checked staffing levels. We also looked around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

The person who spoke with us indicated they felt safe and comfortable with the staff who supported them. There were procedures to minimise the risk of unsafe care or abuse. Staff told us they had received safeguarding training and understood the safeguarding process to report any unsafe care or abuse. Training records reflected this

Risk assessments were in place for each person and for the home environment. These were personalised and informative. They assisted staff to provide a level of support that reduced risks but enable the person to be as independent as they could be. This minimised risks to people and gave staff guidance.

We spoke with one person who lived at Rydal Mount who said there were enough staff. They indicated they didn't have to wait long for staff to provide care. We observed whether there were enough staff to support people with personal care and to provide activities in the home and local community. We also looked at staff rotas. We saw that there were sufficient staff to support people safely. Senior staff monitored staffing levels to make sure there were enough staff to support people as they needed.

We saw staff supported people with their medicines safely. One person indicated staff gave them medicines as needed. We spoke with staff, who confirmed they had been trained to support people to take their medicines. We checked medicines and looked at medicines information. Staff had medicines training and there were audits and competency checks to ensure they were given medicines safely.

There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

We looked around the home and found it was clean and hygienic. Staff used personal protective clothing such as disposable gloves and aprons and good infection control when carrying out personal care. This reduced the risk of cross infection. We saw the environment and equipment were maintained and repairs carried out promptly.

Is the service effective?

Our findings

We observed one person at lunchtime. They had chosen the food they wanted and had been involved in the preparation of this. They indicated they enjoyed the meals and they chose what they wanted to eat. When we spoke with staff, they knew people's food preferences and needs and supported people with these. We saw this information also formed part of people's care records.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff told us and training records confirmed staff had received training in food safety and were aware of safe food handling practices. They had been awarded a rating of five, the top rating following their last inspection by the Food Standards Agency.

Each person had an informative health action plan with relevant information regarding their health and support needs recorded in this. They also had a health passport – This is a document used to inform hospital staff about an individual when they go to hospital. It provides important information such as health, support and communication needs about the individual. Staff told us and we saw on care records, people had visited health professionals promptly when needed.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records were in place to indicate where people had capacity they consented to their care, and care plans included information in relation to the person's capacity. Staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and had followed the correct processes to ensure people's legal rights were protected. Where decisions had to be made a best interests meeting had been arranged. People also had access to independent advocates where needed.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA.

Staff were trained and knew how to support people. We spoke with staff and looked at individual training records. Staff told us the training they received was informative and interesting. Most staff had achieved or were working towards national care qualifications. They felt the training they received provided them with the skills to support people well. Records seen and staff spoken with confirmed they received regular supervision and appraisal of their performance. They told us they were well supported by senior staff and could ring or call in the office anytime.

We looked at the building and found it was appropriate for the care and support provided. We saw that the interior decoration was clean, comfortable and maintained. It was clean hygienic. There was specialist

equipment such as specialist baths and showers and a light sensory room. Fixtures and fittings in communal rooms were domestic in character, comfortable and homely. Bedrooms were personalised according to the person's individual preferences. A relative had commented in a recent survey, 'Rydal Mount gives you a home from home feel. And, 'Lovely rooms and a lovely new bed.'

Is the service caring?

Our findings

One person indicated they liked staff and enjoyed spending time with them. They said the staff were good. Staff shared warm and friendly relationships with them. We observed interactions when one person and a member of staff were preparing their lunch. They were laughing together as they chose food. We could also hear laughing and joking when people received care and support.

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to each person's diverse needs and treated people in a friendly respectful way. People looked cared for, dressed in their chosen clothing, and well groomed.

People's preferences for support and diverse needs were recorded in their care records and staff spoken with were knowledgeable about these. One person said they were able to choose what they wanted to do. We saw they had a choice of when they got up and went to bed. When we inspected one person was up and out early the other person chose to have a 'lie in.' We saw one person choose their breakfast and lunch. They indicated they were encouraged to make choices about food, their clothes, furnishing, their room and activities. They made it clear to us they were happy at Rydal Mount.

Staff told us if an individual developed a life limiting illness they would be supported to remain in the home where possible, supported by familiar staff. People's end of life wishes were recorded in their care records so staff were aware of these.

We looked at two people's care and support records. We saw they were personalised and people, and where appropriate their relatives had been involved in developing and reviewing their care plans. A relative had written, 'The staff always communicate anything to me. I am always able to have a discussion.' The information was easy read and easily accessible to people. We saw from comments from relatives that staff respected people's family and personal relationships and encouraged them to make choices about their daily life. We saw people were able to state who they wanted to visit and staff respected and acted on this. A relative commented in a survey, 'Staff always make you feel welcome. My [family member] loves it.'

Before our inspection visit we contacted external agencies about the service. They included health and social care professionals. They were complimentary about the care provided. They told us people were receiving good support and Rydal Mount suited their needs. They said staff were caring. They felt there were sufficient staff particularly as there were only two people lived at Rydal Mount when we inspected.

Is the service responsive?

Our findings

People were encouraged to decide on their daily routines. These were organised according to their personal preferences. During our inspection visit we saw staffing levels were sufficient to meet people's personal care needs and to provide social and leisure activities in the home and local community. One person chose to have quite a structured week; the other person chose a more flexible routine.

We saw staff supported people to get involved in a variety of activities. These were recorded in care records. One person enjoyed watching horse riding on TV and any information about the Royal family. We saw they had recently attended 'ladies day' at a horse race track. They showed us a photograph of them dressed up in their suit. They nodded vigorously as we were told about the shopping trips before the event to buy the suit and a fascinator and seeing the racing up close. This was recorded in their care and support plans. We saw another person enjoyed cream teas and going to a local wholefood café. They also enjoyed the light sensory room and going on holiday. One person showed us photographs of recent holidays and told us they enjoyed these. We saw people were clearly seen as individuals who shared a house but not always their lives and enjoyed different activities and lifestyles.

We looked at two people's care and support records. These were comprehensive, personalised and provided guidance to staff on how to support people with their daily routines and personal care. Care and support records and risk assessments were regularly reviewed and updated in response to any changes in care or circumstances. They were in easy read semi pictorial format. This enabled people to follow them and be as involved as they wanted to. They were being updated when we inspected.

The service had a complaints procedure which was in easy read, so accessible to people or their relatives or representatives. One person indicated they knew how to make a complaint if they were unhappy and would tell the staff. The service had not received any formal complaints since our last inspection, but people to check there were no issues or concerns.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People indicated they were happy at Rydal Mount and they liked the registered manager and staff team. The registered manager sought people's views frequently. They listened to their views and geared people's routines and activities around the person's needs and preferences. They also regularly spoke with relatives where appropriate. This included regular telephone contact and face to face chats as well as formal reviews. The registered manager also sent out surveys for people and their representatives. The latest surveys showed high levels of satisfaction with the home. We read comments from the survey which included, 'The home has a good / progressive leader.' And, 'Couldn't wish for better, manager and staff are fair and professional.'

The service had a clear management structure in place. The registered manager was responsible for other services as well as Rydal Mount. However they worked in Rydal Mount regularly and knew people well. They also had a deputy in place who managed the home in their absence. The management team showed good leadership and encouraged staff to develop skills and knowledge. They demonstrated they understood their responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.

There were systems in place to effectively govern, assess and monitor the quality of the service and the staff. Audits were well organised, frequent and wide ranging. They included in house audits by the manager as well as audits by senior managers. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly. A senior manager was carrying out their audit of the home when we inspected. They discussed their findings with us. These were positive with only minor recommendations. The service worked well with other agencies. They had good relationships with commissioners, social workers and day centre staff and kept them informed of any relevant information or concerns.

We saw the registered manager and management team monitored, encouraged and supported staff to provide person centred care. Staff told us they were accessible and approachable. They gave them frequent opportunities to discuss care practice and development of the service. They said they could express their views and ideas through team meetings and supervisions. This motivated them to support people in the best possible way. A member of staff commented, "Fantastic team, fantastic manager. We work well as a team to give residents a good quality of life.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.