Minster Care Management Limited

Rydal Care Home

Inspection report

Rydal Road
Darlington
County Durham
DL1 4BH

Tel: 01325369329

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17 October 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Six people had contacted us to express concerns that there was not enough staff on duty overnight to safely manage the service. In response we carried out this focused inspection on 17 October 2018 and it was unannounced. This meant staff and the provider did not know that we would be visiting. We looked at whether the service was safe and well-led.

We carried out an unannounced comprehensive inspection of this service on 6 and 12 December 2017. This was the first inspection since the new provider registered to operate this service. We rated the service to be Requires improvement in two domains. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to having good governance systems in place.

Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve.

Rydal Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rydal Care Home accommodates up to 60 people across three separate units, each of which have separate adapted facilities. Two of the units specialise in providing care to people living with dementia. At the time of this inspection 45 people were using the service, of which 26 people required nursing care.

The manager became the registered manager in March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At the last inspection we found the quality assurance procedures in place lacked 'rigour'. Although some auditing and analysis had been carried out, this was not always effective. We highlighted that the way staff completed the dependency tool would benefit from review, as the information could lead to insufficient staff deployed to meet people's needs.

At this inspection we found that overnight at times there were seven staff on duty. We found on each unit high numbers of people who needed two staff to support them. To evacuate the building with current staffing levels it would take six staff at least five journeys using three of the six evacuation chairs to move people from the upstairs unit.

There was a lone worker on one unit who could not readily call for assistance due to the nurse call alarm not being connected to the other two units.

The area manager and registered manager told us that the expectation was that eight staff were on duty

overnight and they would ensure this was always the case. They also undertook to review staffing levels to ensure these were adequate to support people in the event of an emergency.

The staff we spoke with did not know the fire evacuation plan and we found they would benefit from practicing this as a drill.

The registered manager told us they would immediately ensure day and night staff completed a simulated evacuation. They told us that this would be incorporated into the routine fire drills.

People were happy and told us they felt safe.

The registered manager was aware of risks within the service and was undertaking an analysis of risks. The staff had a clear understanding of safeguarding procedures and ensured that action was taken if any concerns arose. Staff ensured any risks were closely managed.

Appropriate recruitment checks were carried out. But we discussed how the application form could be enhanced. The area manager confirmed changes would be made to the forms.

The provider ensured maintenance checks were completed for the equipment and premises. Works were underway to decorate the service in ways that were dementia friendly. An enclosed garden area was being created, which would provide sensory stimulation and meaningful occupation for people. The registered manager had sought support from a variety of sources, such as the Prince's Trust and colleges to improve the environment.

Medicines were closely managed and this ensured people received their medication exactly as prescribed.

We found that the service was clean and staff adhered to appropriate infection control procedures.

A comprehensive range of audits and quality assurance tools had been put in place but it was too early to determine if these would be totally effective.

The registered manager regularly sought peoples' views and acted upon their comments.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remained good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had developed a comprehensive quality assurance processes since the last inspection but it was too early to determine how effective this would be.

There was a registered manager in post.

People's and relatives' views were sought and acted upon.

Rydal 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.

An adult social care inspector completed this unannounced focused inspection took place on 17 October 2018.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR 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 PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We also reviewed reports from recent local authority contract monitoring visits.

During our inspection we spoke with four people who used the service. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We spoke with the registered manager, regional manager, a nurse, two senior care staff members, four care staff and the administrator.

We looked at two people's care records, two recruitment records, as well as records relating to the management of the service.

We also looked in all of the bathrooms and all of the communal areas.

Good

Is the service safe?

Our findings

The service was rated good at the last inspection and this rating has not changed.

At the last inspection we found the provider had a tool that forecasted how many staff may be needed and this was based on the assessment staff made around people's dependency. However, staff were judging people who required one-to-one support as 'medium dependency', which was incorrect. This incorrect analysis of need could lead the provider to assume fewer staff were needed. Following our inspection staff had received training around how to use the tool and we found they now correctly identified people's needs.

People we spoke with told us they felt the service was safe. People's comments included, "They are alright here," and, "They make sure I'm alright."

Prior to the inspection we had been contacted by members of the public who were concerned that the staffing levels at the service were insufficient to meet people's needs. The main area of their concern was in relation to night staffing levels.

For the 45 people who used the service there was a nurse, a CHAP (which is a senior care staff member trained to complete clinical tasks, a senior care staff member and nine care staff on duty during the day, plus four people received one-to-one support. In addition to these staff, there were two domestic staff on duty each day, a laundry staff member, a cook and assistant cook who worked seven days a week.

Overnight there was one nurse and three care staff on the nursing unit, a senior and carer on one of the ground floor unit. Although two care staff were on the other general unit we were told that only the senior should have been on duty. The rota we reviewed confirmed that this was the case.

We heard that regularly there would be seven staff on duty overnight and rotas confirmed that this took place. We found on each unit high numbers of people who needed two staff to support them. There were three people who received one-to-one during the day but not the night and some of these people could have restless nights.

The lone worker on the general unit could not readily call for assistance, as the nurse call alarm was not connected to the other two units. They would have to wait for support to complete regular turns for people in bed. They told us that in the event of an emergency such as someone falling they would either try to ring staff for help or go to the other units to find staff. When we visited a person who used the service let us in and we walked around the whole service trying to locate staff. Staff were extremely busy assisting people with their personal care and it took us 30 minutes to locate staff. Having this level of staff meant no one was available to provide oversight for people who were up or to monitor when people went out of the building to smoke.

We found that although personal emergency evacuation plans (PEEPs) were in place and staff received drills, no simulated full evacuation of the home had been completed. The staff we spoke with did not have a

fire evacuation plan and we found they would benefit from practicing this as a drill. We found that to evacuate the building with current staffing levels it would take six staff at least five journeys using three of the six evacuation chairs to empty the upstairs unit. This was not detailed in people's care records and the staff we spoke with had not formulated a plan around how they would evacuate the service.

The area manager and registered manager told us that the expectation was that eight staff were on duty overnight and they would ensure this was always the case. They also undertook to review staffing levels to ensure these were adequate to support people in the event of an emergency. Before we left the service they had ensured that eight staff were on duty overnight.

The registered manager told us they would immediately ensure day and night staff completed a simulated evacuation. They told us that this would be incorporated into the routine fire drills.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with vulnerable children and adults. We discussed how the application from could be enhanced. The area manager confirmed this would be implemented.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends or lessons learned. Risk assessments were in place, which described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

A monthly infection control audit was carried out and the home was clean and free from unpleasant odours. Staff had access to appropriate personal protective equipment (PPE).

Monthly health and safety audits were carried out and the provider ensured checks such as electrical testing, gas servicing, portable appliance testing (PAT), checks of the premises had been carried out. We saw records that confirmed these checks were up to date. Records showed the hot water temperatures were in line with the 44˚c maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

We found the registered manager and staff understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. The provider also had an appropriate whistleblowing policy in place so staff could report concerns without fear of reprisals.

We found appropriate arrangements were in place for the safe administration and storage of medicines.

Requires Improvement

Is the service well-led?

Our findings

The service was rated Requires improvement at the last inspection and this rating has not changed.

At the last inspection we found the quality assurance procedures in place lacked 'rigour'. Although some auditing and analysis was carried out, this was not always effective. For instance, the tool the provider had supplied for monitoring care records did not assist staff to develop a holistic view of people's needs.

At this inspection we found that a comprehensive range of audits and quality assurance tools had been put in place but it was too early to determine if these would be totally effective. We noted that they were identifying issues and the registered manager was acting upon them but the issues we found around fire safety and staffing had not been identified in these audits. The regional manager and registered manager were in the process of evaluating the tools to identify where adjustments might be needed. The registered manager recognised that more improvements were needed within the service.

The manager had successfully completed the registration process in March 2018.

Regular surveys of family members and people who used the service was carried out. The results were analysed and no issues had been raised in the most recent survey. The staff and the registered manager spoke with relatives on at least a weekly basis and found no concerns were raised but they happily discussed how effective they felt the care and support was being delivered.

Staff told us, "We could do with more staff, as on this unit two staff are very often supporting people and this means no one is left to care for the other people", "I find that as soon as the carer who provides one-to-one leaves the person tries to get out of bed and is at risk of falling. If they do fall I have no one to help me," and "A unit opened on the lower ground floor in the summer but that closed recently. We don't know why but relatives told us about it before the managers did."

Since coming in to post in September 2017 the registered manager had constantly looked at how improvements to the service could be made. They had sought support from external sources and had engaged the Prince's Trust and local colleges in developing dementia friendly internal and external environments. All these were at the early stages of completion but teams of volunteers were coming in each day to complete the projects.

The people we spoke with were complimentary about the service and how it was run.

The registered manager said they were extremely well supported by the provider and regional manager. They told us that the provider gave them autonomy to operate the service. They told us the provider had been receptive to their suggestions and had agreed that they could introduce destination points and dementia focused environmental changes to the units.

Services that provide health and social care to people are required to inform the CQC of deaths and other

important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.