

Minster Care Management Limited

Rydal Care Home

Inspection report

Rydal Road
Darlington
County Durham
DL1 4BH

Tel: 01325369329

Date of inspection visit:
22 January 2019
31 January 2019

Date of publication:
20 February 2019

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

About the service: Rydal Care Home is a nursing care home registered to provide accommodation for up to 60 people. The home is split into three units. Two of the units specialise in providing care to people living with dementia and the third was not in use. At the time of this inspection 40 people were living at the service.

People's experience of using this service: Improvements had been made to the service following our first inspection in December 2017 and the focused inspection we completed in September 2018. The provider and registered manager had improved the systems for assessing the performance of the service.

Staffing levels met people's assessed needs however, the provider was reviewing the current dependency tool, as it was not fit for purpose. Staff had received a wide range of training including around working with people who may display behaviours that challenge. Checks were made on the ongoing competency of staff.

The cook and staff had received 'focus on under-nutrition' training. Staff were encouraging people who were under-weight to eat fortified foods. We found a range of menu choices were available and consideration had been given to ensuring people from different cultures received acceptable meals.

People participated in a range of activities that met their individual choices and preferences. Staff provided the structured support people required. This promoted a good quality of life. However, we noted that more could be offered to support people from different cultural backgrounds.

Staff effectively investigated and reported any safeguarding matters. The registered manager had acted on concerns, and complaints received by the service and had taken steps to resolve these matters. They ensured that all incidents were critically analysed and from this review lessons were learnt and embedded into practice.

All the people we spoke with told us that the registered manager and staff listened to their views, acted to resolve concerns, when needed, and met people's needs. We found that staff needed to consistently record capacity assessments and 'best interests' decisions.

Works were underway to create a more dementia friendly environment. An enclosed garden area had been created, which would provide sensory stimulation and meaningful occupation for people.

Rating at last inspection: Requires Improvement (report published 17 October 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved and was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Rydal Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team: Two adult social care inspectors completed this inspection.

Service and service type: Rydal Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and four relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, a nurse, five care staff, an activities coordinator, a cook and a domestic staff member. We also spoke with a healthcare professional who visit the service.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were well maintained.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always sufficient staff on duty to meet people's needs. At least one nurse and 10 care staff worked during the day and one nurse plus seven care staff were on duty overnight. In addition to this, two people had one-to-one support plus the registered manager, deputy manager and ancillary staff worked at the service.
- We raised with the registered manager that the dependency tool would benefit from review. It led staff to judge people who required one-to-one support and nursing care as 'medium dependency', which was incorrect. The registered manager immediately raised this with the provider and they were in the process of finding alternative tools.
- The provider operated systems that ensured staff were recruited safely.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required. Where people were prescribed medicines to take 'as and when required' very detailed guidance was available for staff to follow.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them, such as aprons and gloves.

Learning lessons when things go wrong

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed. Since October 2018 they have reviewed staffing levels and ensured these were sufficient to meet people's needs and ran simulated fire drills with all the staff. This meant they and the provider could be

confident that in the event of a fire, staff knew how to safely evacuate the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had developed an in-depth assessment tool, which was used continuously to monitor people's needs. The registered manager and staff ensured detailed assessments were completed and these informed the care plans.
- Care plans were detailed. They had been kept up to date when people's needs had changed.
- The registered manager and deputy manager actively sought out information on meeting people's cultural expectations and shared this with staff. We highlighted to the registered manager that staff may need more support translating this information into their day-to-day practice. They undertook to immediately complete training with staff about this area of practice.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received an extremely comprehensive programme of training, delivered through E-learning and face-to-face sessions. Staff's understanding and skills were checked through knowledge and practical tests.
- The registered manager had sourced a wide range of face-to-face training. Staff discussed how they had recently completed challenging behaviour training, which they had found very useful.
- New recruits completed the Care Certificate, as a part of their induction and completed a week's worth of training plus shadowed staff for their first few shifts.
- Staff had regular supervision and appraisals.
- The registered manager and deputy manager had a good system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.
- Rydal Care Home was an approved learning site for people completing nurse training and regularly offered students placements.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people who were under-weight to eat fortified foods. They made sure people had access to healthy diets and that they had ample portions of food at meals.
- The cooks had completed under-nutrition training and were able to purchase all the goods needed to provide fortified diets.
- Where people were from different cultural background the staff worked with their families and sought information on how to provide a diet they would enjoy.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff made sure the service met their needs.

- Staff worked closely with other care professionals and made referrals in a timely manner.

Adapting service, design, decoration to meet people's needs

- The provider was in the process of ensuring the service was decorated in line with best practice guidance for people living with dementia. The registered manager had sought support from a variety of sources, such as local colleges and the Prince's Trust to improve the environment.
- Reminiscence lounges were being created, as well as destination points along the corridors, such as shops, internal gardens and attractions. The registered manager expected that the improvements to the environment would lead to people using more of the space.
- An enclosed garden area had been created, which would provide sensory stimulation and meaningful occupation for people.

Supporting people to live healthier lives, access healthcare services and support

- People were seen by GPs when concerns arose and attended regular appointments with other healthcare professionals. The staff appropriately referred people to other healthcare professionals such as psychiatrists, speech and language therapists, the falls team and dieticians.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. The registered manager was working with staff to ensure they completed capacity assessments appropriately.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. At times the staff were not documenting this clearly. The registered manager was working with staff to improve this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with were happy with the care provided. Comments included: "I like it here, as the staff are kind and helpful" and "They are a good bunch."
- We observed staff constantly interact with people and engaging people in meaningful conversations about their lives and experiences.
- The registered manager and staff told us how they supported people's human rights and promoted equality and diversity. The deputy manager had included in people's care records detailed information about their religious and cultural beliefs that assisted staff to actively promote people's rights and made sure staff treated people in a person-centred manner.
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history and preferences. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. Staff recognised when people wanted help to make a decision and acted as sounding boards for individuals to work through an idea and the potential consequences.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.
- We observed the staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations and we heard lots of laughter throughout the visits. We found there was a calm relaxed atmosphere within the home.

Respecting and promoting people's privacy, dignity and independence

- The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- Staff treated people with respect and valued them as individuals. For example, one person had been a non-practicing Muslim but recently had wished to reconnect with their faith. Staff ensured they had access to the relevant religious artefacts and respected their faith, so provided them with the time and space to pray.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.
- People told us that the staff were good at their job. Comments included, "Way they [staff] interact with him is very good. They know exactly what he wants, they are that familiar with him. The way they've interacted today is just normal" and "He's guided by them [staff], as he forgets so much. They try to give him as much independence, as much as possible but are also good at encouraging him to do things like getting his haircut."
- We found people on both units were engaged in meaningful occupation and the staff had tailored activities to stimulate each person and entertain individuals. People were engaged in regular chair exercise session; a minister comes to the service and people go out to Kings Church. The activity coordinator also organised sunshine sensory sessions and had signed up for intergenerational sessions whereby children from local schools came to the service to build relationships with residents. Some people joined the knitting group and had been knitting clothes for local hospital's neo-natal unit.
- The activities coordinator had contacted all of the local homes' activities coordinators and formed 'Darlington Activities Fundraising Team', which enabled them to maximise their fundraising.
- People and relatives told us care was delivered in the way they wanted and needed it.
- Care plans contained good personalised information, such as how to determine why a person was experiencing distress and how to support them with the negative impact of these experiences. There were detailed plans with a step by step guidance for each identified need.
- People's needs were identified, including those related to equality, their choices and preferences were regularly reviewed. The service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint and we read that where people had complained, these had been thoroughly investigated and resolved. People if they felt their concerns were responded to and overall people said that things were actioned immediately.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were

comfortable and pain free.

- The service supported people's relatives and friends as well as staff, before and after a person passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider understood their responsibilities and the legal requirements.
- The provider was involved in the service and visited regularly. They also had a central management team who critically reviewed the service to determine what improvements could be made.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. A staff member commented, "We all work well as a team and this is the best place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- Staff told us they felt listened to and that the registered manager was approachable. Feedback from people confirmed that they felt listened to and integral to the service development.
- Staff felt the registered managers closely listened to their views, took their comments on board and then, if appropriate implemented their suggested changes.
- The service was well-run. People at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they created the sensory garden.

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by staff, the registered manager and the regional manager to support the improvement of care.
- The registered manager provided very strong leadership and constantly reviewed the service, which had led to the observed improvements. They, in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they remained at the forefront of best practice.

Working in partnership with others

- People, relatives and visiting professionals had completed a survey of their views and the feedback had

been used to continuously improve the service.