

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Riccall House Care Home

78 Main Street, Riccall, York, YO19 6QD

Tel: 01757248586

Date of Inspection: 12 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Gillian Conroy and Mr John Conroy
Registered Manager	Mrs. Diane Moughan
Overview of the service	Riccall House provides personal care and accommodation for up to 18 people who may have dementia care needs. The service is in the centre of Riccall village which is located between York and Selby. Information about the service and how it operates can be obtained by contacting the home directly.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used 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 talk with us.

What people told us and what we found

Some people living at the home were not able to tell us how they felt due to their care needs. We were however able to talk to some people who told us they were happy living at Riccall House Care Home. They said they were treated well by the care staff. One person told us, "They always ask me if they can help me."

Whilst we saw the care plans were person centred we did however find, not all of them had been formally agreed to and we asked the provider to review the process of obtaining consent.

People said they thought everybody was very kind to them. One person told us, "They couldn't be kinder." One of the relatives we spoke with said, "It's the little things they do that make people happy." We observed the care staff treating everyone with respect. They were unhurried and gentle when supporting people. They sat down and encouraged people to communicate with them.

We spoke with two relatives and one health care professional who were visiting on the day of our inspection. They told us they felt there were always 'enough staff caring for the people who lived here.' The care staff we spoke with also confirmed the staffing levels were satisfactory.

We saw the provider had systems in place to assess and monitor the quality of the service provided. This included residents and relatives meetings where people discussed the running of the home and could make suggestions for changes if necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People we spoke with told us they had agreed and understood the care and treatment they received. One person told us, "They always ask me before I am helped."

The people we spoke with told us they spoke with the manager and other staff members about their care and treatment here. One relative told us, "I am included in the care decisions. We agree together so that my relative's needs are met." Another said, "I feel my relatives needs are paramount, they know her likes and dislikes and this helps when any choices have to be discussed."

We observed care; we saw verbal consent being sought for care given. People were very relaxed and confident when being approached by the care staff. We observed people in the dining room where they were supported to choose their lunch. They did this by showing two different meals on plates. The staff were calm and unhurried whilst people made their choice. People who needed support were helped in a respectful and dignified way. The staff told us they knew the people well and supported them to ask for changes to their care plan, if necessary. This helped to ensure people's rights were respected and taken into account.

We reviewed seven care plans and most of these confirmed that agreement with the individual had been obtained. The care records we looked at showed people, along with their family or representatives, had been involved in planning and reviewing their care. The records also contained evidence that people's ability to make decisions had been considered. These records were detailed and individualised. However, the provider may find it useful to note that in two of the care plans we reviewed, the consent had not been signed by the individual or their representative. We spoke to the manager about this at the time of our visit. We were told it would be addressed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they were happy with the care they received. One person told us, "I like living here." Another commented, "They ask what you like, they do their best." And, "They (the care staff) can't be kinder."

One of the relatives we spoke with told us, "They (the care staff) review her care constantly." Another said, "There was care and consideration to detail, when my relative had challenges. This place is fantastic."

During our visit we observed the care and support that was being provided. We saw staff acting in kind and attentive ways, talking to people, asking if people wanted to do things and explaining what was happening when they assisted people. They were comfortable in the presence of the staff. People looked clean, appropriately dressed and well cared for.

We looked at the care records for seven people. These showed that people, along with their family and representatives, had been involved in planning and reviewing their care. We found the service had sought advice from healthcare professionals when people's care needs changed. We saw this information was recorded in people's care plans. We saw regular reviews of the care plans had taken place. These reviews helped in monitoring whether care records were up to date and reflected people's current needs. This was so any necessary action could be identified at an early stage. We saw evidence of individual risk assessments which included health and safety these were reviewed regularly. The records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We asked two care staff about people's care needs and they were able to describe how their specific needs were met. This information matched the information recorded in those care plans we looked at. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us that they felt safe in Riccall House Care Home. One of the relatives we spoke with commented, "There is a friendly person-centred atmosphere here. We have been delighted with the home for all of these years, my relative is safe here."

All of the staff we spoke with during our visit confirmed they had received training on recognising and reporting abuse. They were able to tell us about the different types and symptoms of abuse and knew how to report any concerns that they had. We reviewed the training record, which was up to date and showed staff had received training in safeguarding and mental capacity. This helped in making sure staff were aware of their roles and responsibilities in identifying, reporting and recording abuse.

We saw the provider had safeguarding and whistle blowing policies in place to provide staff with guidance. Staff we spoke with were also aware of the home's 'whistle blowing' procedures, and told us that they would feel able to raise any concerns and felt confident the management would handle any concerns appropriately.

We had received appropriate notifications from the provider about incidents that had occurred in the home. These confirmed the provider had followed the proper safeguarding procedures to help keep people safe.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We spoke to people using the service but their feedback did not relate to this outcome.

People were cared for in a clean hygienic environment. The relatives we spoke with told us that the home was always clean and did not have any unpleasant smells. We observed the home was clean and well kept. There was hand gel available for people to use if necessary. We observed staff using Personal Protective Clothing (PPE) when helping people with their personal care.

At our last inspection we suggested the service sought specialist advice about the use of linen hand towels in the communal bathrooms. This advice would support the service to reduce the risk of people acquiring a health care related infection. We found on this occasion that all of the communal bathrooms had paper towel dispensers and PPE was available for the care staff. The provider had sought advice from specialist healthcare professionals and had made the necessary improvement to protect people from the risk of infection.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with told us they thought there was enough staff to look after them. One person said, "They come quickly when I ring my bell."

The manager told us she worked 'on the floor' which meant she was able to support and develop staff practice. Staff we spoke with said they had received regular training in mandatory areas such as; moving and handling, safeguarding and fire safety. We saw the training matrix and staff files which confirmed this.

One of the care staff we spoke with commented, "I learn a lot from others at handover and in the staff meetings. This is my first role in care and I have had lots of support and training."

Staff confirmed they were supported by the management team. They made positive comments about the support they received, these included: "I have always felt supported and the management team are very approachable." This helped staff to feel valued and supported and ensured people received care from staff whose practice was up to date.

We reviewed information which confirmed there was a rota system in place and there were sufficient numbers of qualified, skilled and experienced staff on duty. This helped ensure the quality and consistency of the service was maintained for the people who lived here.

We saw evidence of a clear management structure. The service had on-call systems so that help and advice could be obtained at any time by people who used the service. Also this helped to ensure unexpected changes such as staff sickness could be managed effectively to maintain the service to people.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The people we spoke with said they would speak to the staff or the manager if they wanted to make a comment or complaint about the service, though no-one spoken with had felt the need to complain. We saw a copy of the complaints policy which was displayed in the hallway for people to see. We also saw the service had systems in place to deal with complaints appropriately. There was evidence that the provider took account of complaints and comments to improve the service.

The relatives we spoke with were very clear who they would complain to and what they would do if they were not satisfied with the response. One relative said, "I have no need to complain. This place is perfect for my relative." Another commented, "If I had a problem I would speak to the team leader or the manager or even the home owner. They are all approachable."

We saw in people's records that regular reviews of their care needs had been completed. Their relative or representatives had been present at the review. The reviews were undertaken to make sure the care and support people received remained appropriate to their needs. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. Information showed the service had quality assurance systems in place to help determine the quality of the service offered.

Records showed accidents, incidents and complaints were recorded and appropriate action had been taken in response to the issues identified.

People were also consulted in the running of the home through residents' meetings, which were held regularly. Relatives were invited to attend. The staff attended regular team meetings. They told us they were happy with how the organisation operated and their views were always considered and responded to. Staff told us that they could add items to the agenda prior to the meetings.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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