

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: 18 November 2013

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December 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	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 18 November 2013, 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with people who lived at Riccall House Care Home, their relatives, a visiting GP, two nurses, the management team and other staff members on the day of our inspection. Some people living at the home were unable to tell us about their experiences so we observed them in the communal areas.

We found people looked well cared for and relatives told us they thought people were treated well and their experiences in the home were positive. We observed the care staff being kind and respectful to people.

We looked at people's care records and saw arrangements were in place to identify those people at a greater risk of poor nutrition and dehydration. This was continually monitored. Comments from people who lived in the home included: "The food is very good."

Medicines were prescribed and given to people appropriately; we saw people were given the right medicine, in the right way and at the right time on the day of our inspection.

Staff we spoke with told us they received training which helped them to deliver care and support safely to people.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service. This meant people who lived and staff who worked there were protected from potential risks to their well-being.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with people who told us they were happy with the care they received. Comments we received included; "Quite pleasant living here.", "I really have nothing to worry about." and "The home on the whole meets my needs."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Comprehensive arrangements were in place for carrying out pre-admission assessments. Relatives told us about the positive pre-admission process and how they and their relatives had received a high level of support. This helped to ensure staff were made aware of the person's needs and that they knew these could be met.

During our observations we saw people were clean and well dressed. People appeared relaxed in their surroundings. Communal areas were arranged to promote engagement with other people living at the home and we observed people engaging with others at times. Indeed on the afternoon of our inspection we saw how people came into the lounge area to dance and sing and exercise together. We observed care staff helped people in a person-centred way to dance and sing-a-long as was appropriate for them. We were told that this was a much enjoyed fortnightly experience with this activity person. We saw the evidence of this, as people who were not as engaged in the morning came to life in the afternoon when exercising, singing and dancing.

We looked at four people's care records. We found they contained individualised care plans and we saw risks to people's health and wellbeing had been identified and monitored. The care records were reviewed and updated. We saw daily records were maintained and referrals were made to healthcare professionals when necessary. This helped to ensure people's care records were up to date which helped people to receive appropriate care.

We spoke with a visiting Doctor who told us how highly he regarded the care people

received at Riccall House Care Home. He told us they always received appropriate referrals and the treatment they prescribed was always followed. The Doctor said "The residents here are extremely well looked after." We also spoke with two nurses who were visiting one from the mental health team and the other was a district nurse, they too were positive about the home and the care people experienced.

The provider had in place suitable arrangements for dealing with emergencies. We saw people had information that could be taken to hospital which would be helpful for the hospital staff. In addition to this people were accompanied to hospital by a member of staff, if their relatives were not available. Staff were trained in first aid and fire evacuation. We were also told about arrangements to manage staffing emergencies. This helped to ensure that people would continue to receive their care in the event of an emergency.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People we spoke with told us they enjoyed the food they were given in the home. They told us they could ask for something to eat at any time. We observed some-one being given a warm drink and biscuits shortly before lunch because they said they were hungry. The carer kindly told them lunch would be served soon.

People were provided with a choice of suitable and nutritious food and drink. There was a menu displayed in the dining room informing the people who lived in the home what the lunch time choices were. In addition we observed people being shown the plated options of meals at lunchtime to support them to make the right choice. We also observed staff assisting and encouraging people to eat their lunch in an unhurried way. The staff offered alternatives if the person had changed their mind. We saw adapted crockery in use this helped people to remain as independent as possible. Staff also distracted people when necessary and supported people to move tables so that they continued to eat their meal in peace. This showed the staff knew people well and were able to support people in a dignified way to eat well and enjoy the meal time.

The menus we were shown were varied and were currently in the process of being updated to reflect the change in the season. We spoke with the cook who told us how they ensured the meals looked appetising and not over-facing for people. This meant they understood the changes which occur to people's appetites when they grow older. They said "People can always ask for more. There is always choice and I am always happy to make something simple if people don't want the menu options." We were told drinks, fresh home-made cakes and biscuits were available throughout the day. Although jugs of juice or water were not available in the communal areas we saw staff providing people with drinks and snacks throughout the day of our inspection.

The staff we spoke with told us everyone was weighed monthly and those who had a lower Body Mass Index (BMI) were weighed weekly. They told us hydration and nutrition were priorities. The care plans we reviewed were comprehensive and detailed the specific support individuals required to maintain their nutrition levels. The risk assessments were complete. This meant people could be assured that their nutrition and hydration needs were being monitored and responded to in a timely manner.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with people who lived here but their feedback did not relate to this outcome.

Appropriate arrangements were in place in relation to obtaining, recording, administering and returning medicines. We saw the provider had systems in place to ensure that medications, including controlled drugs received into the home were accurately recorded, stock levels managed and safely stored. Medicines were safely kept throughout the visit and they were administered to people in an organised, dignified and safe way. We looked at the medicines records and stock for two people's controlled drugs and found these to be correct. We also checked the records and stock for a range of other medicines for a further two people. Records were complete and medicines could be accounted for. Our checks found the stock levels corresponded with the medication administration records (MARs). We also saw that short term medicines such as antibiotics and 'when required' medicines were administered, as prescribed. This meant medicines were given to people appropriately and safely.

People's care records contained information about the medication they had prescribed. They showed people's medication was regularly reviewed with healthcare professionals and staff monitored the impact of medication on individuals. There were systems in place for auditing the management of medication. This helped to ensure the management of medication was kept under review, which helped to ensure that medicines were managed safely.

Records showed staff involved in the administration of medication had been trained and supported appropriately. We also saw the medication policy which included all aspects of safe administration. Staff had this policy readily available to them when administering medications. Staff we spoke with confirmed they had received training and had their competency tested at various times. This helped to ensure people's safety as they were seen to be given the right medicine, in the right way and at the right time.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people and visitors about how well trained they thought the care staff were. Everyone we spoke with felt the care staff were well trained and knew exactly what they were doing. One person said "They look after my relative really well. They seem to really understand their needs and what I like is, they do everything with kind consideration." Another person said "Nothing is too much trouble. The staff go the extra mile for you."

We saw staff records which confirmed they had received induction training which included dementia care, safeguarding vulnerable adults, first aid and safe moving and handling. The staff we spoke with said they had received training before they started working in the home caring for people. We saw records and the staff confirmed competency checks were carried out before any specific care and support was provided by them, such as support with medication administration. One person commented "The induction was really good; it gave me a good grounding in caring for people. I just love it." Others spoke of working in the team and enjoying the informal, as well as formal, support from each other. This meant the provider worked continuously to maintain and improve high standards of care by creating an environment where care staff could do well.

The care staff we spoke with told us they had regular supervisions. The manager told us they worked 'on the floor' and this enabled them to support and develop people whilst working with them. Staff said they could ask for support when needed. We were told by one member of staff "The manager is very approachable." They also confirmed they had annual appraisals and were supported with their personal development. Staff said they could ask for specific training for example in understanding dementia. This showed staff were able to obtain further training which developed their skills when caring for people at Riccall House Care Home. People who lived here and their relatives could be re-assured that care staff were supported to develop and maintain their care skills which helped to make sure people were protected from poor standards of care.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People spoken with told us they had every confidence in the manager and the team. We were told they were a visible presence in the home. People also said the manager sometimes delivered care and they felt this helped them to understand what worked well in the home. Comments we received included "The manager is very responsive to any requests or queries.", "They make sure we are informed of any changes. We are involved." And "I am very impressed with everything. I know this is the right place for my relative."

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 that the service had a range of quality assurance systems in place to help determine the quality of the service offered. Audit checks reviewed on the day of our inspection included all the services provided, staff files and care records.

We saw in the care records people had regular reviews of their care, which were undertaken with their relatives, the multi-disciplinary team and the local authority or other representative where appropriate. These reviews showed decisions about care and treatment were made by the appropriate staff at the appropriate level.

Records showed that accidents, incidents, complaints were recorded and appropriate action taken. We saw evidence of the complaints procedure and a copy of this was displayed for people to see. Although there had not been any formal issues for some time, we saw evidence of resolution to previous complaints. This meant people could be assured their complaints would be responded to in a timely way, in line with the provider's policies and procedures.

The provider used a survey which was undertaken annually with the people who lived at Riccall House Care Home and their representatives. These results were shared with people who lived here and their relatives, as well as the care staff. The information was then used to support the quality assurance systems and to develop future plans for the home.

In addition to this there were residents and relatives meetings and regular care staff meetings. We saw the minutes of these, as well as records of any action taken. This meant people who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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