

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

Ryecroft Private Residential Care Home

1 Kings Avenue, Meols, Wirral, CH47 0NH

Tel: 01516321068

Date of Inspection: 18 February 2014

Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Ryecroft Care Limited
Registered Manager	Ms. Lindsey Graham
Overview of the service	Ryecroft Private Residential Home is registered to provide personal care to a maximum of 14 people. The home is located in Meols, Wirral and is close to local amenities. Twelve of the home's bedrooms are ensuite.
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

We carried out this inspection to check whether Ryecroft Private Residential Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Records

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 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

We found during our last visit on 7th August 2013 that the planning of people's care did not cover all of people's individual needs or risks. A review of people's care had not always been undertaken and professional advice not always been carried out or followed up. We found the provider's local safeguarding policy did not provide clear guidance to staff on the action to take should an allegation of abuse be made and staff were unsure who to report concerns to outside of the organisation. We reviewed the provider's progress during this visit and saw that the compliance with the regulation had been met.

We reviewed three care records. Care records showed that people's needs were assessed and care planned. We saw that GP's and other healthcare professionals visited regularly and professional advice had been followed in relation to people's health and welfare. Staff we spoke with were knowledgeable about people's care and their day to day needs. People we spoke with said they were well looked after and that they enjoyed life at the home. This demonstrated that people had received care that met their health and welfare needs.

We saw that the provider however was in the process of transferring people's assessment and care plan information into a new format. We found this made some of the information about people and the care they required unclear. We noted that care plan and risk assessment information had not been regularly reviewed or updated after significant changes and contained a lot of disjointed information about people's health and welfare. This meant that an accurate record in relation to each person's needs and care had not been adequately maintained which placed them at risk of receiving inappropriate or unsafe care.

Staff we spoke with said they had received safeguarding training. When asked, they were able to describe the action to take and the agencies to notify should an allegation of abuse be made. Contact details for the local authority safeguarding team and Care Quality

Commission were displayed in the manager's office and on a communal noticeboard for staff and people who lived at the home to refer to. This meant there was clear information on what to do and who to contact should an allegation of abuse be made or witnessed.

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

What we have told the provider to do

We have asked the provider to send us a report by 29 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 found during our last visit on 7th August 2013 that the planning of people's care did not cover all of people's individual needs or risks. Care plans and risk assessments were not regularly reviewed and professional advice had not always been carried out or followed up. We discussed this with the provider in August and an action plan was put in place to ensure improvements were made. During this visit we reviewed the provider's progress and found that sufficient progress had been made to achieve compliance with the regulations.

On the day of our visit, an acting manager was in post. The previous manager had left the provider's employment in January 2014. A new manager had been appointed but was not due to start work at the home until March 2014.

Twelve people were living at the home on the day we visited. We spoke to two people who both said they were well looked after and enjoyed life at the home. They said "People (staff) are very nice, always walk up and down to make sure you are okay" and "They are doing everything to help me, really brilliant nothing is too much trouble". We found there was a warm, homely atmosphere at the home and saw that people were relaxed and comfortable in their day to day interactions with staff. Staff treated people kindly and with respect.

At our last inspection, the manager was introducing new assessment and care planning paperwork. The acting manager informed us that seven people's care records had now been transferred over to the new format. We saw the new paperwork in use in one of the three files we looked at. We found that information in relation to people's needs was used to plan people's care in accordance with their individual needs. We saw that people's risks in the delivery of care had been assessed and brief guidance to staff given. The provider may find it useful to note however that some of the risk assessment information was dated 2012 and did not cover the totality of people's needs.

We spoke with two staff. We asked staff about the needs of the people whose care

records we had looked at. Staff we spoke with talked fondly of the people they looked after. They were able to describe people's preferences, day to day needs and the care they required.

We saw people had received support from GP's and other healthcare professionals for routine health conditions. Referrals for professional advice were made in response to people's health and welfare needs for example falls, continence services and dietary services. We saw that each person had a falls risk assessment in place which had been regularly reviewed. We saw that appropriate action was taken when a person's falls risk had increased with referrals to the NHS Falls Prevention Team and assistive technology made. (Assistive technology relates to the provision of mobility aids such as wheelchairs, zimmer frames and other equipment which is used to detect or monitor a person's falls for example fall detector, movement sensors and personal emergency alarms).

We saw that where professional advice had been given, it had been followed. For example, we saw evidence that one person's weight loss and general ill-health had been reported to the person's GP. Records showed medical advice in relation to monitoring the person's fluid and diet intake was followed and regular communication with the person's GP actively maintained. People we spoke with confirmed that the staff acted quickly in relation to suspected ill health and that they had prompt access to their GP when required. This demonstrated that the delivery of care ensured people's health and welfare needs were met.

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

We found during our last visit on 7th August 2013 that the provider did not have an adequate local safeguarding policy in place for staff to refer to and staff lacked a clear understanding of who to report concerns to outside of the organisation. We discussed this with the provider in August and an action plan was put in place to ensure improvements were made. During this visit we reviewed the actions undertaken and saw compliance with the regulations had been reached.

We spoke with two people who said they felt safe living at the home and that they had no worries or concerns. We spoke with two staff. Staff we spoke with demonstrated an understanding of safeguarding, types of abuse and of the action to take should an allegation of abuse be made. They confirmed that they had received training in relation to abuse and records confirmed this.

The provider had both safeguarding and whistleblowing policies in place for staff to refer to. This included the local authority's 'no secrets' safeguarding policy which was located in the manager's office and was accessible to staff. We reviewed the provider's local safeguarding policy. The provider may find it useful to note the home's internal safeguarding policy still did not provide clear details of who staff should contact in the event of suspected abuse. We saw however that the contact details for the local authority safeguarding team and Care Quality Commission were displayed in the manager's office and on a communal noticeboard for staff and people who lived at the home to refer to.

This demonstrated that the provider now had suitable arrangements in place to ensure that staff were trained to identify and respond appropriately to any allegations of abuse.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection, the provider was introducing new assessment and care planning paperwork. The provider gave assurances that the new format would clearly identify people's needs and how those needs were to be met.

We reviewed three care records and saw that the information in two of the care records we looked at, were still in the process of being transferred to the new format. We saw that assessment and care plan documentation in the old format was still in use by staff as not all of the new documentation had been completed. This made some of the information in relation to the planning and delivery of care unclear and difficult for staff to follow. The acting manager told us that five people's care documentation had yet to be fully transferred over to the new system.

For example, one person's care plan in the old format stated that the person had heightened mobility issues at certain times of the day and a visual condition that affected their eyesight. New assessment documentation however indicated that the person had no balance or mobility issues or problems with their eyesight. We queried this with the acting manager who said that the new assessment information was incorrect.

In all three files we looked at, we could find no evidence that care plans and risk assessments had been regularly reviewed and updated to reflect significant changes. For example, one person had health and mobility related issues that affected their skin. The person had developed a pressure ulcer and was under the care of the district nurse but the person's care plan and risk assessment had not been updated to reflect this. This meant that care records did not hold up to date or accurate information about people's needs in order to plan appropriate care.

Care records recorded the communications held and appointments made with other healthcare professionals such as GP's, mental health, hospital services. Communication records however contained a lot of disjointed information about people's health and welfare needs. For example we saw that one person's records indicated the person had been

discharged from hospital and referred to the Speech and Language Therapy Team (SALT Team). There was no further information to indicate if an actual referral had been made, the outcome of the referral or what discharge advice had been given by the hospital in relation to the person's care. We asked both the acting manager and staff on duty on the day of our visit but they were unable to provide any clarification.

This meant that accurate records in relation to people's needs and the care were not adequately maintained. This placed people at unnecessary risk of inappropriate or unsafe care that did not meet their needs.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: People were at risk of receiving unsafe or inappropriate care arising from a lack of proper information about them and the care they required. Care plans and risk assessments had not been regularly reviewed and did not provide adequate information about the care and support to be provided to each person. Regulation 20(1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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