

**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: 07 August 2013

Date of Publication:  
September 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Ryecroft Care Limited
Registered Managers	Lindsey Graham Mrs. Diana Meadows
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

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 August 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 reviewed contract monitoring information from the Commissioners of the service provided to us by the provider.

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### What people told us and what we found

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We spoke with three people who lived at the home and two relatives. People told us they were well looked after. They said "help is at hand at all times", "staff are very good" and "I'm quite happy". We saw people were treated kindly and with dignity and respect. People said they were given choices in how they lived their life at the home and that their consent was always sought by staff prior to providing care.

Care records were personalised and included information about a person's likes and dislikes. Information about people's health and welfare needs and the care they required however was inaccurate and we could find no evidence that people's care had been reviewed in light of their changing needs.

We reviewed three staff records. We found the provider had undertaken the necessary checks to ensure people had the necessary skills and suitability to work with vulnerable people.

People we spoke with said they had no concerns and felt safe with staff. Staff demonstrated a general awareness of abuse but did not know who to report concerns to outside of the organisation. We reviewed the provider's safeguarding policy and found it did not provide clear guidance to staff on what to do in the event of suspected abuse.

People said they had no complaints but they knew how to make a complaint. We reviewed the handling of two complaints and saw the provider had investigated and responded to the complaints in a sensitive, prompt manner to people's satisfaction.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 25 September 2013, 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

At the time of our visit 14 people were living at the home. We spoke to three people who lived at the home and two relatives. People we spoke with said staff always knocked on their bedroom door before entering and sought their consent prior to care or treatment being provided. People said staff were "very good, very, very helpful" and treated them "nice".

On arrival at the home we saw people were either in communal areas or their bedrooms. People we spoke with said they could please themselves in terms of their daily routines and that they had a choice in how they lived their lives at the home. They gave examples of the choices they made such as time of getting up and going to bed, what they wanted to eat and drink and how they wanted to spend their time. People we spoke with said "we can please ourselves", "no strictness here" and that "staff come around day before with the menu" so they can make food and drink choices in advance.

We looked at the care records of four people who lived at the home. Care records were personalised and clearly documented people's likes and dislikes and the choices they had made in how they wanted to live their life at the home. We saw regular contact with a person's relatives was maintained and relatives kept informed of the person's progress. The relatives we spoke with confirmed this and said the home involved them in any decisions that had to be made. This showed us that people and/or their relatives were fully involved in making informed decisions about care and treatment.

We checked with the manager on arrival whether any of the people living at the home had mental health or issues that may affect their capacity to make decisions. The manager told us that none of the people living at the home lacked capacity. Two people whose care records we looked at however were identified as having dementia or increasing periods of confusion and forgetfulness.

We spoke to the manager about this who said that the people concerned had recently had

a mental capacity assessment but the findings had not yet been received. The manager chased the findings up during our visit. People's assessments indicated people had capacity issues. The manager agreed to ensure care records were updated accordingly.

We saw that people's emotional and mental well-being was logged in the person's daily written records by staff. We spoke with two staff. Staff we spoke with understood the need to obtain consent and people's right to refuse. They said they always explained what they were going to do before personal care was provided. This showed us that a person's human rights were respected and taken into account in the delivery of support.

Staff we spoke with had a basic understanding of what a lack of capacity meant in respect of people's decision making capability and understood the need to continue to involve people in their own care. The provider may find it useful to note however that care records did not include clear guidance or instructions to staff on how this may affect the person's day to day decision making about their care. This meant that there was a risk that staff would not know how to communicate with the person or understand the decisions the person was able to make.

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

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**Our judgement**

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The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

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.

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**Reasons for our judgement**

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We spoke to three people who lived at the home. People we spoke with were positive about life at the home. They said "help is at hand at all times", "staff are very good" and "I'm quite happy". Relatives we spoke with said people were well looked after.

We saw that throughout the day visitors were made welcome and the home had a calm but social atmosphere. We observed staff supporting people. We saw that people's needs were tended to promptly and people were treated with dignity and respect. We noted snacks and drinks were available throughout the day. We spoke with the two staff members on duty. Staff we spoke with were able to describe a person's likes and dislikes and how they cared for people.

We looked at the care records of four people who lived at the home. We saw that people's needs had been assessed on admission to the home. We saw care plans were personalised to the individual and clearly identified their likes, dislikes, preferred daily routines and personal history. There were a series of brief risk assessments in each person's file covering self medication, personal health issues and environmental hazards such as risk of scalding and the control of hazardous substances.

Care plans and risk assessments however did not cover all of a person's needs or, provide clear guidance on how people should be cared for. For example, one person's file stated the person suffered from depression, roseacea (skin condition) and dysphagia (swallowing difficulties) but there was no information on what these conditions actually meant in caring for the person and their day to day needs.

In all three out of the four care records we looked at, we could find no evidence that care plans and risk assessments had been updated to reflect significant changes. This meant that information about the person needs and the care they required was inaccurate.

For example, one person's care record described them as mobile with the use of a zimmer frame and able to undertake their own personal care but the manager told us the person

was bed bound, unable to sit unassisted and unable to stand following a series of strokes. We met this person and saw they were totally dependent on the care provided by staff. Care records did not reflect the increased level or type of care this person required.

One person's care plan and risk assessment described the person as able to administer their own medication. Daily written records documented the person as experiencing memory loss, confusion and distress. We observed this person interacting with relatives. The person appeared confused and emotional throughout the visit. Relatives confirmed this. We had concerns about the person's ability to self medicate and spoke to the manager. The manager assured us the person no longer administered their own medication and said that the person care plan and risk assessment were out of date.

We spoke to the manager about the inaccurate information in care records. The manager told us that they were planning to move to a new care plan format. We saw evidence of the new care plan format in one of the files we looked at. The manager acknowledged that people's care plans and risk assessments had not been reviewed in light of people's changing needs and were no longer accurate. This meant that people were at risk of receiving inappropriate or unsafe care from staff.

We looked at the daily written records that corresponded to the care records we had reviewed. Daily records showed the care and treatment people had received and gave information about the person's general wellbeing. Daily records showed that people had received care and support from staff.

We saw people had received support from GP's for health conditions such as urinary tract infections and chest infections. We also saw letters from other professional services such as dermatology (skin), memory clinics (for mental health) and nephrology (kidney disease). Care records however contained little information on the reason for the person's referral, the treatment or support they were being given and what this meant in terms of the care provided by the home. Where professional advice had been given, there was little evidence to suggest it had been undertaken.

For example two of the care records we looked at contained a letter from dietetic services (nutrition and dietary support), asking the home to formally assess the person's risk of malnutrition through the use of a malnutrition universal screening tool (MUST) and by monitoring people's food and drink intake for a seven day period using diet and fluid intake charts. There was no evidence in care records that this had been done. We spoke to the manager about this who advised that people's weight was taken regularly and that information on the person's general diet were recorded in the daily written records. We saw evidence of this but no evidence that the specific actions advised by the dietician had been undertaken. This meant that actions to ensure that people's health and welfare needs were met had not been undertaken.

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

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse, prevent abuse from happening and respond appropriately to any allegation of abuse.

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

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## **Reasons for our judgement**

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People we spoke with said they felt safe living at the home and that they had no worries or concerns.

We spoke with two staff. Staff told us they had recently had training in safeguarding. We reviewed staff training records and found evidence that staff had received on-line training in safeguarding in 2013. Two staff we spoke with demonstrated a basic understanding of safeguarding, types of abuse and who to report concerns inside the organisation. Staff we spoke with however did not know who to report concerns to outside of the organisation in the event of suspected abuse.

The local authority's safeguarding procedures were located in the manager office accessible to staff. When staff were asked if they had seen and were familiar with the Local Authority's safeguarding procedures both staff said no. We spoke to the manager about this who said that staff had read the policy.

The provider had a local safeguarding policy in place. We reviewed the policy and found it did not provide clear guidance to staff on what to do if abuse was disclosed or witnessed. For example, the policy wording made reference to reporting concerns to the 'Proprietor' and the 'Registration Authority' but did not specify who this was or how to contact them. The policy also made no reference to the local safeguarding team at the Local Authority to whom all safeguarding concerns must be referred.

We saw that the home had received one complaint from a person who lived at the home which should have been raised as a safeguarding concern to the Local Authority. The home had investigated the complaint but had not taken the appropriate action with regards to reporting the concerns to the local safeguarding team or to the Care Quality Commission. This meant that the people were not adequately safeguarded.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We reviewed the provider's records relating to the recruitment and selection of staff. We looked at three staff files and saw that the recruitment process commenced with the completion of a job application and an interview. If successful at interview, the provider undertook a number of checks to ensure that people were suitable for the job role and safe to work with vulnerable people.

Each of the persons employed had a completed application form on file which provided details of their skills, experiences, qualifications and prior employment history; two suitable references and a criminal records bureau disclosure check. We saw proof of the employee's identity and a health questionnaire outlining the person's 'fitness to work'. Each person's employment was confirmed with a contract of employment. This meant that the provider had undertaken the necessary checks to ensure persons employed were of good character and suitable to work with vulnerable adults.

We spoke to two staff members who told us they had received an induction into their job role when they commenced in employment. This meant that people were given information about their job role and responsibilities and knew what was expected of them. The provider may find it useful to note however that staff files did not evidence that an induction had taken place.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately

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### Reasons for our judgement

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People we spoke with told us that they had no complaints and were happy living at the home. People said if they had any concerns or complaints they would feel comfortable speaking to the manager.

We saw the provider had a complaint statement pinned up in the entrance of the home. There was also a compliments book and a suggestion box in the entrance area for people to write their comments or suggestions in. The complaints policy was contained within the home's statement of purpose which acted as the service user guide for people who lived at the home.

The policy information given to people was easy to understand and clearly outlined how a complaint would be handled including the timescales and process to be followed in responding to complaints. This meant that the provider had an effective system in place for identifying, receiving, handling and responding appropriately to complaints or comments received.

The provider may find it useful to note however that the policy simply stated people should contact 'the management' or 'proprietor' in the event of a complaint and did not specify who people should contact if they are remained unhappy with the provider's complaints process. For example, the policy made no reference to the people being able to contact adult social services (who fund the person's placement at the home) or the local Ombudsman.

We saw that there was another complaints policy available to staff and the manager in the manager's office which specified different timescales for responding to written complaints. We asked the manager about this. The manager told us the provider had recently purchased a set of standard policies and procedures from a company called Quality Management Systems which needed looking at in light of existing policy information.

As part of the inspection process we reviewed two complaints received in March 2013 and September 2011 which were the last two complaints received by the home. We saw that both complaints had been fully investigated, handled sensitively and responded to promptly by the manager/provider. This showed us that the provider had listened to, properly considered and acted upon the complaint appropriately.

We spoke to two staff. Staff told us how they would handle a complaint made directly to them. They said they would advise the person who to speak to and listen to their concerns before discussing them with the manager. This showed us that staff would act appropriately in reporting and responding to people's concerns. The provider may find it useful to note however that one staff member said they had not seen or read the provider's complaints policy.

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	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe as the planning and delivery of care did not ensure the person's individual needs were met and their welfare and safety were protected. Regulation 9(1)(b)(i),(ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The provider did not have suitable arrangements in place to ensure that people were safeguarded against the risk of abuse as they had not taken reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation 11(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 25 September 2013.

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

**This section is primarily information for the provider**

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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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