

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

## ExtraCare Charitable Trust Ryfields Village

Arena Gardens, Orford, Warrington, WA2 7GB

Tel: 01925582000

Date of Inspection: 06 March 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:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Records**

✓ Met this standard

## Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mr. Carl Robert Walmsley
Overview of the service	Ryfields Village is located in Warrington close to local amenities and public transport. The Village is a service delivered by the Extra Care Charitable Trust Ltd. The service provides care and nursing facilities for people living in their own accommodation within Ryfields Village. The building is purpose built and accessible to people with mobility needs. There is a large accessible car park.
Type of service	Extra Care housing services
Regulated activities	Personal care Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether ExtraCare Charitable Trust Ryfields Village had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Records

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 6 March 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.

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### What people told us and what we found

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We reviewed this outcome following actions the provider had taken to improve safeguarding arrangements and record keeping within the service.

We found evidence of good practices in managing the safety of the people they provided support to. Staff ensured people's property was secure in between their visits.

We found that the record keeping was clear and transparent regarding the names and signatures of staff providing support. Records were accessible to people and their families and enabled them to regularly check their care records and records made. Regular checks showed on-going monitoring and actions had been taken by senior staff to rectify and resolve any identified issues.

People being supported by the service told us they were very happy with the support provided by the staff team. They made various comments such as:

"I'm happy enough, I've no problems" and "The staff are just like friends to me here, they look after me and keep me safe."

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

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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

**Safeguarding people who use services from abuse** ✓ Met this standard

**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 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.

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### Reasons for our judgement

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We reviewed this outcome following actions the provider had taken to improve safeguarding arrangements within the service.

People being supported by the service told us they were very happy with the support provided by the staff team. People told us that they had no concerns about the support provided by their staff. One person told us the staff always closed their door in between visiting and they showed us their TV screen where they could identify through (CCTV) closed circuit television cameras the identity of people entering the building. They felt safe and satisfied with the services provided to them.

The service had an organised process to ensure all of their staff were up to date with their training in safeguarding vulnerable adults and had last received this training in 2013 with dates booked throughout 2014. Updated training ensures staff have the right skills and knowledge to keep people safe.

The manager and staff had taken a number of actions to help safeguard and protect the people they supported. They ensured all staff were aware of the necessity to close people's front doors in between their visits to help maintain their safety within their own homes. The manager also advised on a number of options they were exploring in the use of updating the current staff cards to access people's homes who were unable to answer their door. They were also looking at the possibility of updating their current CCTV cameras to help reassure people regarding access to the building and to help manage and identify all people entering the building. Staff were confident that all staff were promoting good practice in maintaining people's safety and that checks made by them showed consistent good practice from staff in promoting safe practices throughout their visits.

A previous allegation had not initially been reported to CQC which is a requirement of the registration of the service. The manager acknowledged this and advised all processes had been reviewed to ensure any concerns followed both local safeguarding procedures

and CQC notification processes. We reviewed a sample of recent incident records which had been appropriately managed and did not necessitate a safeguarding referral.

Appropriate management of safeguarding procedures helped to ensure people being supported by the service were kept safe.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We reviewed this outcome following actions the provider had taken to improve record keeping within the service.

Each person provided with support by the service had access to their care records which were stored in their own flats/accommodation. We looked at a number of records regarding the on-going management of the service to ensure records were safety managed. The records we looked at were well maintained and in accordance with current legislation and good practice.

The care records we looked at had been signed by staff during each visit to the people they supported. The manager had revised the records to ensure staff recorded their full signature to help people and their families better identify the staff recording in their care records. This meant that both the managers and people being supported were clear in knowing who had provided support each day.

The service also had a list of staff signatures which helped them to easily identify all staff records. Managers were able to audit these records to ensure safety and good practices to people. The information recorded showed clearly how staff provided the care and support during each visit e.g. including any response to the call bell by a person offered supported.

The manager advised they were looking at improving the current records and auditing of door checks to people's individual flats. This was something currently being discussed and explored to help improve records for the current checks carried out.

## 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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