

# The Hennessy Partnership Limited

# Rye House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Rye House is a residential care home providing accommodation and personal care to a maximum of 16 people with complex needs. The service had undergone a renovation programme under its new provider, during which time residents were moved out. It had opened its doors again in April 2022. At the time of our inspection there were 4 people using the service.

### People's experience of using this service and what we found

We last inspected the service in December 2021 under its previous name of Roselands Care Home. At that time it was undergoing an extensive renovation and redesign. We did not rate the service, as there were concerns with building regulations and fire safety and the inspection was halted and residents moved out. At this inspection we found the renovations had been completed and building and fire safety regulations had been approved.

Staff had completed training in safeguarding and knew how to recognise and report abuse or neglect. People received their medicines safely. The service had a robust recruitment process to ensure suitable staff were employed. Staff were aware of risks to people's health and wellbeing and knew how to manage them. The home was clean and well maintained and staff followed correct infection control practices.

Staff were appropriately trained and received supervision and support from the management team. People's health and wellbeing were assessed and monitored by staff. Staff liaised effectively with outside health care professionals. People's dietary needs were met.

We received positive feedback about the service from people, relatives and health and social care professionals. We observed staff to be kind and caring during our inspection. Staff knew people well and the service had a positive culture that was person-centred. Activities were planned on an individual basis.

The service was well managed. The registered manager was knowledgeable and enthusiastic about the service. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. This helped drive improvement. There were procedures to ensure any accidents, incidents or complaints were fully investigated and people and relatives informed of the outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 4 April 2018.

#### Why we inspected

This was a planned inspection to provide a rating for the service, based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Rye House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rye House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rye House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 5 October 2022 and ended on 11 October

2022. We visited the service on 7 and 10 October 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed feedback we had received from one of the commissioning local authorities. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and relatives about their experience of the care provided. We spoke with the registered manager, area manager, deputy manager and a care assistant.

We reviewed a range of records. This included three people's electronic care records, medicines records and two staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records, health and safety checks and minutes of meetings.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first full inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding adults and knew how to recognise signs of abuse and report their concerns.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- When we last visited the home during its renovation, in December 2021, there were concerns around fire safety and compliance with building regulations. At this inspection the renovation of the service had been completed and building regulations and fire safety compliance had been approved.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electricity and regular checks of fire safety equipment.
- There were systems in place to minimise risks to people's safety and well-being. Care records included a range of risk assessments which identified potential risks and how these should be managed by staff.
- There was a procedure in place to ensure that any accidents or incidents were documented, actioned and analysed to help prevent reoccurrence.

Staffing and recruitment

- Staff were recruited safely as the provider had a robust recruitment process in place. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- Staffing levels were safe. There were enough a trained staff on duty to care for the current number of residents. There was an on-going recruitment drive to maintain appropriate staffing levels as the number of residents increased.
- There was a calm atmosphere in the home throughout the inspection. People had their needs attended to promptly.

Using medicines safely

- Procedures were in place to ensure medicines were given correctly and safely.
- All staff completed basic medicines awareness training. Staff who administered medicines received additional training and had their competency checked.
- Medicines were stored safely. The medicines fridge was checked regularly to ensure it was at the correct

temperature.

- Medicines administration records we reviewed had been completed correctly.
- Information about specific medicines and how to administer them correctly was kept in people's medicines files for staff to refer to. For example, there was information for staff to follow around the correct use of eye drops. Body maps were used to show where to apply medicine patches.
- The registered manager carried out regular medicines audits and took action when issues were found.

Preventing and controlling infection

- The home was clean and well-maintained.
- The service followed current government guidance in relation to COVID-19.
- Staff had received infection prevention and control training and additional information about how to protect themselves and service users during the COVID-19 pandemic.
- Staff wore the appropriate personal protective equipment (PPE).



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first full inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of people's physical and mental health needs either prior to admission or soon after they moved into the service.
- The assessment was used to create personalised electronic care plans and risk assessments which were kept under regular review and were updated when people's needs and preferences changed.

Staff support: induction, training, skills and experience

- New staff completed a role-specific induction when they commenced employment.
- All staff completed on-line and face-to-face mandatory training in a range of topics. This helped to improve their skills and kept them up to date with best practice.
- All staff completed training in PROACT-SCIPr-UK. This is a positive behavioural intervention strategy used with people with complex mental health needs. It focuses on the individual and helps minimise the use of physical intervention.
- Staff received support in their work through one to one supervision, team meetings and through communicating with each other in the staff social media group.

Adapting service, design, decoration to meet people's needs

- Under its new provider there had been a major redesign and renovation of the premises. The new layout included 8 bedrooms on each of the 2 floors, a lounge, dining room and bathroom on each floor and a sensory room with easy chairs, music and soft lighting on the ground floor. Rooms were decorated to a high standard.
- The upstairs corridors were narrow which meant it would be difficult to manoeuvre a mobile hoist or other large equipment. However, there was currently no one living on the first floor.
- The outside of the home needed improvement. However, there were plans to redesign the area to provide a garden for people to relax in.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet.
- Staff knew people's dietary requirements and prepared meals and drinks in accordance with their preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

People were supported to access healthcare services for their physical and mental well being. For example, one person needed new glasses and we saw they had been referred to an optician.

- The service had good working relationships with a number of healthcare professionals, including GPs and the community mental health team.
- The provider had a neuro clinical psychologist as part of their team. They were able to provide support and advice to the service when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of supporting people to make choices for themselves and helped them to do this where possible.
- Assessments of people's capacity had been completed. The registered manager had applied for DoLS appropriately on behalf of people. They kept a record of when authorisations had been applied for and granted.
- Staff asked for people's consent before providing care or support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives expressed positive views the service. One relative commented, "All the staff are brilliant."
- We observed staff were kind and caring towards people and there were positive interactions between staff and people throughout our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions were respected. Staff discussed with people the care and support they would like and respected their choices.
- Meetings were held with people to gain their feedback on the day to running of the service, such as activities/hobbies, entertainment and meals. These meetings were also an opportunity for people to raise any concerns or worries.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have their own routines and spend their time how they wished.
- Staff understood when people needed their own personal space, and respected their views and wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's individual needs and wishes. Staff consulted people about their care and support.
- Care documentation contained information staff needed to support people safely. Staff accessed electronic care records through mobile devices.
- The registered manager told us, "This is very much their home. There is no routine. We focus on the health and safety of the person and how we can get the best out of them."
- We received written positive feedback from a health care professional about the personalised nature of the support. They told us, "My client has progressed significantly, which I think for the large part is testament to the person-centred support they have received."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and any particular support they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned on an individual basis, depending on each person's preferences. For example, we saw one person baking with a staff member.
- People were asked for suggestions about activities and hobbies in resident's meetings. One relative commented to us that they would like to see more opportunities for trips and social events outside of the home. The registered manager told us there were plans for the service to have a car so that outside trips could be arranged in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to be followed if a complaint was received.
- People were encouraged to raise any issues. Where issues had been raised, they had been addressed appropriately.

## End of life care and support

- The service was not currently supporting anyone who was approaching the end of their life. However, the registered manager told us they could provide this level of support in conjunction with community medical and nursing services, if needed in the future.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. Staff and the management team worked closely together to provide a supportive, person-centred environment for people.
- We received positive feedback from a relative about how their loved one's circumstances had improved since they moved into the service. They commented, "[Name] has come on in leaps and bounds."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy manager had the skills and knowledge to manage the service effectively. In addition to their managerial skills the registered manager had completed an occupational therapy assistant certificate. The deputy manager had completed behaviour analyst training which helped them understand people's different behavioural triggers.
- Audits and checks were in place and were being consistently completed. This meant we were assured the provider had good oversight of the service.
- Staff were supported through regular team meetings and supervision.
- Policies and guidance were available for staff. They contained clear and up to date information and were reviewed regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular team meetings ensured vital information about the service was communicated to staff.
- Staff had provided feedback about their working environment through a recent staff quality assurance survey. Completed responses had all been positive.
- The provider had good oversight of the service through monthly multidisciplinary meetings, regular phone conversations with the registered manager and weekly visits from the area manager.
- Where required, the service communicated and worked in partnership with external agencies, which included healthcare professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care or support.

- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.