

The Partnership In Care Limited

Risby Hall Nursing Home

Inspection report

Hall Lane
Risby
Bury St Edmunds
Suffolk
IP28 6RS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Risby Hall Nursing Home is a residential care home, providing personal care and accommodation as well as nursing care for up to 34 older people, including people living with dementia. The home was across extended ground floor accommodation which was wheelchair accessible. There were 26 people living at Risby Hall Nursing Home when we inspected the service.

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

There were enough, suitably recruited staff who worked well as a team to ensure people received the care and support, they needed.

Staff had a good understanding of how to recognise and report potential harm or abuse and were confident the manager and provider would take action in line with local safeguarding procedures.

Risks were generally well managed and mitigated against. Improvements were needed to ensure where people were at risk of developing a pressure ulcer any equipment in place to help was being used correctly. For one person, not all appropriate mitigating action was being taken where they had lost weight. Both of these concerns were addressed quickly by the manager to ensure people were safe.

Staff received an induction and ongoing training and support to fulfil their role and extend their knowledge.

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.

People were happy living at Risby Hall Nursing Home and with the care they received. People felt safe and well-treated by staff. Staff were kind, considerate and treated people with respect and dignity.

People had plans of care in place which considered their preferences. Information was accessible to people in different ways and according to their needs to support them to make a decision. Activities and social opportunities were available to people. Complaints were managed in line with the provider's policy. People's end of life wishes, and preferences were recorded.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. People, their relatives and staff were positive about the approach of the new manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Risby Hall Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Risby Hall Nursing Home

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 Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Risby Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was no manager registered with the CQC at the time of our inspection visit. The previous registered manager had left the service in June 2019. When in post, a registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection visit the provider was represented by a new manager who was in the process of applying for CQC registration and the deputy manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the two directors of the provider company, the manager, deputy manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed additional evidence the provider sent us. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm. Daily checks of specialist pressure relieving mattresses were not in place. We found the settings on the mattresses for five people were incorrect and had not been identified. Staff were not aware that the mattresses were set incorrectly. This placed people at a higher risk of getting a pressure ulcer.
- The manager took action straight away to implement a system of checking all specialist pressure relieving mattresses once we pointed this out to them.
- Care plans were in place in relation to people's nutritional needs and assessment tools such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. One person had been identified as being at 'very high' risk of weight loss and one of the actions was for the person's weight to be recorded weekly. This had not been completed weekly as stated. There was also no record of the person's food consumption recorded so that staff could monitor their intake. The manager took action to address this straight away and we found other records we viewed were up to date and appropriate.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the home. One person's relative said, "The first thing that struck me was that you don't need to make appointment. I pick several times of day and turn up. It's safe, not stage managed. I like the atmosphere and the size [of the home]. It's like an extended family."
- There were systems in place to safeguard people from abuse.
- Staff were provided with training and information about protecting people from the risk of harm and abuse. They knew the different types and indicators of abuse and how to report any concerns should they have had any.

Staffing and recruitment

- Safe staffing levels were calculated considering people's individual needs and care dependency. This was reviewed monthly to ensure safe staffing levels.
- Appropriate pre-employment checks were carried out on staff before they commenced employment in the service. This included obtaining references of character and checking any criminal record.

Using medicines safely

- Staff received the training and support needed to manage medicines safely.
- Where people required time sensitive medicines, such as medicines for specific conditions including

Parkinson's, antibiotics or pain relief, they received these on time.

- We checked a random sample of medicines against records. Most medicines we checked tallied with the records held with a minor discrepancy in one area which the deputy manager undertook to investigate and resolve straight away.
- As and when required (PRN) medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages. Due to the provider's electronic system not facilitating the use of PRN protocols, the manager had reverted to using paper copies.

Preventing and controlling infection

- Staff received infection control training and protective equipment was available for use.
- There were hand washing facilities available to staff, visitors and people to reduce the risk of spread of infection.

Learning lessons when things go wrong

- The manager recognised the importance of investigating any issues and learning from them. For example, falls and incidents were analysed for any emerging trends. Analysis showed what action had been taken.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People had a pre-admission assessment carried out prior to them moving into the home. This was used to form the foundations of their plan of care.
- We saw, where needed, other professionals were also involved in these assessments.
- A regular visiting external professional told us they were confident people received the care and support they needed.

Staff support: induction, training, skills and experience

- Staff applied their learning in practice. People and their relatives told us they thought the staff were well trained and skilled at supporting people. One relative said, "I've got no worries, the staff here know exactly what they are doing I've no doubt about that."
- Newly employed staff members received an induction, training and they were supported through shadowing a more experienced staff member. This was until they were confident and had been assessed as competent to work unsupervised.
- Records showed staff training was completed and updated when needed. Staff told us they were trained to meet people's needs and refresher training helped them keep up to date with current practice and ways of working.
- People were supported by staff who received guidance through one to one supervision and an appraisal of their performance.

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

- People and their relatives told us the food was of a good quality. One relative said, "The food is amazing. It's all home cooked. Kitchen team wonderful. I also have lunch here from time to time." Another relative commented, "The food always looks good. [Family member] has a [modified diet] but they still present it really nice, they do their best. I'm always offered food too, nothing is too much trouble."
- People received support with eating and drinking, which reflected their needs and preferences. Food moulds were in use for the preparation of modified diets which enabled the chef to serve people's meals in visibly pleasant manner.

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

- The home had good working relationships with other agencies and health care professionals. One healthcare professional told us, "In my view I find Risby [Hall] very professional and easy to deal with. They

are prompt at returning emails and always assess [people's care needs] in the relevant time frames."

- People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. For example, people had seen their GP and an optician when they required.

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

- The environment was pleasant however some areas needed smartening up as the remains of previous celebrations had left old tape and marks on the walls. One of the directors of the provider company told us they had also noticed this, and plans were in place to address it.
- The main communal areas of the home centred around a large open plan lounge dining area which had recently had a small bar where people could access drinks and snacks.
- The dining area had been equipped with an array of reminiscence items to help provoke memories and discussion.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was sought and recorded. Where people lacked capacity to consent, MCA assessments and best interest decisions were recorded.
- DoLS were appropriately sought and monitored.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now changed to Good. The service did not meet the characteristics for a rating of outstanding in this key question anymore. However people were still 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 were well treated and supported by kind and caring staff. One person's relative said, "It's the atmosphere here, it's like an extended family. If you watch the interactions between the care staff and [people] you'll see they know them and have a genuine interest in people." Another relative commented, "The care is wonderful, I can't fault it. I've never walked in here and thought what is going on? It's so calm and I wouldn't want [family member] anywhere else."
- There were friendly and engaging interactions between staff and people.
- Staff spoke positively about providing care to people. They supported people as individuals and respected their choices and preferences.

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

- Support was provided to people and those acting on their behalf to enable them to express their views and make decisions about the care provided.
- Reviews of care were held to ensure that people's needs were being met and their preferences respected.
- Relatives felt involved and were informed of any changes in their family member's health. One relative said, "Staff are very quick to keep me up to date with any concerns or changes which I appreciate."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were mindful of their privacy and dignity. Personal care was provided in private. One relative said, "Never had to raise a concern about the care, it's second to none."
- We saw staff knocking on people's doors before they entered. In addition, staff told us how they made sure people's privacy and dignity was maintained with one member of staff commenting, "Privacy, we close people's bedroom doors, keep their curtains closed and keep people covered up as much as possible. We also have to check that people are happy with the gender of their carer."
- Staff were seen to encourage independence when asking people to make their own choices and decisions to meet their preferences. Examples of this were when staff asked people if they wished to join in an activity or where they wished to have their lunch.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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; 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

- Care plans were in place for people which set out their assessed needs and how to meet them. These were of a good standard, detailed and personalised around the needs of the individual.
- Care records were personalised, up to date and mostly regularly reviewed to make sure they still reflected people's current needs. We highlighted improvements needed to one person's care records which was actioned straight away.
- People had choices of individual and group activities to participate in which also included excursions. Across the provider organisation events were held to encourage people's involvement and provide enjoyment and entertainment. Each year a winter wonderland event continued to be held and open to not only people and their relatives but the wider community attracting thousands of people.
- Other activities included a music therapist who was engaged to give opportunities to people to take part in musical activities each week as well as off-site opportunities such as visits to the garden centre.
- One person's relative told us, "Staff go to huge effort to try and attract people into communal areas to try and have a get to together. They go to real efforts to give life some purpose and interest."
- Visitors were able to come whenever they wanted. Relatives told us they were made to feel welcome and felt as though the home treated everyone like a family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care records.
- Important documents could be made available in different formats for people on request, to make them accessible or easier to understand.

Improving care quality in response to complaints or concerns

- A complaints policy continued to be in place to ensure any concerns could be reported, listened to and addressed.
- Information on the complaints process was made readily available to people. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

End of life care and support

- End of life care was based on people's final wishes and preferences.
- Where people were reaching the end of their life, staff had worked with healthcare professionals to ensure medicine was in place to ensure they had comfortable, pain free support.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of inspection, the service did not have a registered manager in place. There was a manager who was responsible for the day to day management of the service, and they were in the process of applying to register with the Care Quality Commission. They were supported by a deputy manager and the provider. There were clear lines of accountability and staff were aware of who they reported to.
- The service leadership team of both the manager and deputy were new in post and spoke of little handover from the previous management team. From provider level there was a clear vision of what the service wanted to achieve with the people who lived there however the new management team were in the early stages of delivering on this.
- The manager had an active role and we observed them taking a hands-on approach to supporting people who lived in the service. One relative told us, "I've seen the interactions between staff and people, and they know them well and show genuine interest. The new manager hasn't changed the ethos, she's altered some things which has been fine."
- The manager told us they were supported by the providers for example through site visits. The manager told us she had identified there were opportunities to improve joined up working between Risby Hall and the 'sister' service on the same site to seek and provide peer support.
- Staff felt listened to and told us the manager was approachable and supportive. One member of staff said, "Morale is okay here. We have a good days and bad days, mostly good. Team work is good and there are enough staff to support people, that's been consistent. We have great communication with managers and lots of fun. There is a nice atmosphere."
- There were quality assurance procedures in place. Effective governance systems ensured the registered manager had oversight of the service. A range of audits were completed in areas such as the building security and improvements within the environment.

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 provider and manager understood their responsibilities under Duty of Candour.
- Feedback from people and their relatives confirmed the management, including the provider, were open and transparent when incidents occurred, or concerns and complaints were raised.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. From results we viewed we saw overall people were pleased with the service and staff were happy in their role. Particular highlights of the survey results from people included comments such as 'My favourite thing is they look after you,' 'I like everything and everybody' and 'I feel human again and happy in the home'.
- Occasional resident's meetings took place which considered people's wishes and requests. Although not frequently held, staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement.
- Staff were supported to undertake 'champion' roles in areas such as end of life care and dignity. This initiative supported them to undertake further focussed work and share knowledge with other staff.

Continuous learning and improving care; Working in partnership with others

- The manager and staff worked with other professionals to ensure people received joined up care and support in a timely way. A healthcare professional who visited the home on a regular basis gave positive feedback about the service saying, "Here [Risby Hall] is one of the places I love coming to. It's the atmosphere, it's very respectful."
- Links with the local community were maintained to promote independence and wellbeing for people. These included initiatives where the home worked alongside a local school for inter-generational visits where people and children could interact with one another.