

Risedale Estates Limited

Risedale Nursing and Residential Home

Inspection report

Risedale
Abbey Road
Barrow In Furness
Cumbria
LA14 5LE

Date of inspection visit:
30 January 2020

Date of publication:
19 March 2020

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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

Risedale Nursing and Residential home is a residential care home providing accommodation and personal and nursing care to 66 older people at the time of the inspection. The service can support up to 69 people in one adapted building.

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

People were safe and protected from the risk of harm and abuse. There were enough staff, with the appropriate skills, to meet people's needs. People received their medicines safely and as their doctors had prescribed. The home was clean and free from any unpleasant odours. The staff protected people from the risk of infection.

The staff were trained, skilled and competent to care for people. People were provided with meals, drinks and snacks they enjoyed. The staff worked with local and specialist health services to support people to maintain good health. The provider had developed and adapted the service to meet peoples' needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

The staff treated people and their families with kindness and respect. They noticed if people were anxious or distressed and gave them prompt support and reassurance. People were asked for their views and included in decisions about their care. The staff respected people's privacy and dignity and supported people to maintain their independence.

The staff planned and delivered people's care to meet their needs and to take account of their wishes. Visitors were made welcome in the home and people were able to maintain relationships that were important to them. People were provided with a range of activities they enjoyed. The provider had a procedure for receiving and responding to complaints. People and their families received high-quality, compassionate support as they reached the end of their lives.

The registered managers were committed to providing people with high-quality, person-centred care. They asked people for their views and made changes in response to their feedback to further improve the service. The provider maintained oversight of the quality and safety of the service.

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 good (published 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 

Risedale Nursing and Residential 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

The inspection was carried out by one inspector, a Specialist Advisor who had experience of supporting people who required nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Risedale Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the home, including significant events the registered managers had informed us about. We asked the local authority commissioners for their views of 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 all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six visitors about their experience of the care provided. We spoke with eight members of staff including the registered managers, five members of the care team and one member of the ancillary staff. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service, including how the registered managers and provider monitored the quality and safety of the service.

After the inspection

We reviewed additional information the provider sent us including feedback they had received from people's relatives and healthcare professionals.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The staff in the home were trained in how to identify and report abuse.
- People told us they felt safe. One person said, "I do [feel safe] I have never felt uneasy." All the staff we spoke with said they were confident people were safe. They told us they would report any concerns and were confident the registered managers and provider would take action to protect people.

Assessing risk, safety monitoring and management

- The staff had identified risks to people's safety. They gave people guidance on how to remain safe in the home and community. People were supported to make choices and to remain in control of their lives.
- Where people were at increased risk, detailed risk assessments were in place to guide staff on how to ensure their safety. The staff understood how to protect people from the risk of harm.

Staffing and recruitment

- There were enough staff, with the appropriate skills, to meet people's needs. People told us the staff responded promptly when they required assistance. One person told us, "I think there are enough staff." A visitor said, "There are always members of staff present at the service."
- The registered managers had deployed a qualified nurse to work in a supernumerary role to provide and oversee specific aspects of people's nursing care. This gave other staff time to spend with people and ensured their nursing care was provided and monitored by a staff member with additional expertise.
- The provider carried out thorough checks before new staff were employed to ensure they were suitable to work in the home.

Using medicines safely

- The staff handled people's medicines safely and people received their medicines as their doctors had prescribed.
- The provider had trained all the care staff in how to manage people's medicines safely. People's medicines were held in their own rooms and the staff gave people their medicines as part of their daily care routines. This meant people received their medicines promptly and in a person-centred way.
- The provider had regular meetings with the pharmacies which dispensed people's medicines. This ensured any issues could be identified and be dealt with promptly.

Preventing and controlling infection

- People were protected against the risk of infection. The staff were trained in how to protect people from

the risk of infection and how to handle food safely. They used appropriate protective personal equipment, such as disposable gloves and aprons, and followed infection control procedures.

- The home was clean and free from unpleasant odours. People told us the staff gave them the support they needed to keep their own rooms clean. One person said, "My room is lovely and clean." Another person told us, "My room is very nice, they [staff] clean it every day."

Learning lessons when things go wrong

- The provider and registered managers checked the service to ensure people were safe. Where they identified any areas of concern, these were shared with the staff team to ensure lessons were learnt to further improve the service.

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 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

- The registered managers assessed people's needs before they were offered accommodation in the home. This helped to ensure the facilities and service were suitable to meet individuals' needs. People's needs assessments were reviewed as the support they required changed to ensure their care continued to be appropriate. One person told us, "I get the best treatment I could wish for."
- Some people were supported by specialist healthcare services. The needs assessments included information provided by the other services which supported people. This helped to ensure people's care was planned and provided to meet their needs. Healthcare professionals told us the service contacted them appropriately and acted on any advice they gave.

Staff support: induction, training, skills and experience

- The staff were trained, skilled and competent to care for people. The provider ensured all staff received training relevant to their roles and to meet people's specific needs.
- All staff received thorough induction training before working in the home. The provider had developed a training programme with a local and national university to give the staff opportunities to study for nursing qualifications. This helped the provider to ensure they had nursing teams with the appropriate skills and qualifications to care for people.
- The staff had regular meetings with a senior staff member where they could discuss their performance and development. All the staff said they felt well supported by the provider and registered managers.

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

- People had a choice of meals and were provided with drinks and snacks at any times they asked. One person told us, "The food is extremely good and nourishing and I particularly like the way they serve the food. I always thank the staff for the preparation and presentation of the meals because I appreciate the effort they put in." Another person told us, "We have fruit for our mid-morning snack and if I want a tea or coffee, any time of day or night, I just have to ask."
- The staff made mealtimes a pleasant and sociable occasion. The dining areas were attractively presented and the staff checked people had the condiments they wanted to season their food.
- Some people required support from the staff to enjoy their meals. The staff understood the importance of giving people the time they needed to enjoy their meals. One person said, "They [staff] are always patient with me."

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

- The staff worked with local and specialist health services to ensure people received effective, timely care. The staff knew the health services which supported people and contacted them as required for advice.
- People told us the staff identified if they were unwell and supported them to access medical assistance. One person said, "They [staff] noticed I was a bit shivery, so they called a doctor for me."
- Healthcare professionals commented on the positive relationships the staff had developed with their services. One Healthcare professional said, "Our collaborative working has had a very positive impact on improving patients' quality of life." Another said, "They [staff] are very helpful and enable us to do our jobs properly."

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

- The provider had adapted and designed the home to meet people's needs. People had been included in choosing the decoration and were encouraged to bring their personal items into their rooms. One person told us, "I like this room, I have quite a few 'bits and bobs' about." A relative told us, "{Relative] has all her pictures up on the wall."
- The home had suitable equipment to meet people's needs and support their independence.
- The provider had invested in a digital care planning and recording system. The staff told us this had improved how they could plan and provide people's care. One staff member told us, "Care is more focused, proactive and dynamic."

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.

- The staff involved people in decisions about their care and their rights were protected. They asked for people's consent before providing care and respected the decisions people made. People maintained control of their lives with support from staff as they required.
- Where the registered managers identified people required restrictions on their liberty, to ensure their safety, they applied to the local authority for authorisation.

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 good. At this inspection this key question has remained the same. 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

- The staff treated people with kindness and respect. One person told us, "The staff here are very kind." A relative told us, "They [staff] care for the families as well." The staff spent time with people and understood the importance of this in supporting people's wellbeing.
- The staff noticed if people were anxious or distressed and gave them prompt support and reassurance.

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

- People were asked for their views and included in decisions about their care. The staff respected the choices people made. People chose where to spend their time and if they wanted to be on their own or with other people.
- The registered managers had links with local advocacy services which they could contact if people required independent advice to express their wishes about their care.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They knocked on doors to bedrooms and toilets before entering and asked people discreetly if they needed help with their personal care. People told us the staff always respected their privacy and dignity. One person said, "They are very good at that [respecting dignity]." A relative said, "They are very good at respecting [relative's] privacy."
- The staff supported people to maintain their independence. People told us this was important to them. One person said they had set a goal to regain their independence and said, 'With their [staff] help I will get there.'

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 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

- The staff planned and delivered people's care to meet their needs and to take account of their wishes. They assessed people's needs and used the information collected to develop a care plan for each person. The care plans included information for the staff about the choices people had made about their care and how they wanted to be supported.
- The staff knew people well. They knew the things that were important to people and provided care in line with their wishes.

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.

- The registered managers had identified people's communication needs and the staff gave people the support they needed to understand important information. People's communication needs and preferences were recorded in their care plans to guide the staff on how to support them.

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

- Visitors were made welcome in the home and people were supported to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished and said there were no restrictions on when they could see their visitors. One person told us, "There is no problem with visiting, they are received as visitors should be received; they are made most welcome." This was confirmed by relatives we spoke with. One person said, "I can come and take [relative] out and bring her back at any time of the day."
- People enjoyed a range of activities. The provider employed two activities coordinators who arranged and oversaw the activities provided. One person told us, "I do enjoy the activities, the lass who runs them is marvellous. I have had a really good time this afternoon – we have had a good laugh." People were also provided with individual activities such as hand massages and manicures. One person said, "There is a nice lady comes in and does my finger nails."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they would speak to the staff or registered managers if they had any concerns about the service. One

relative told us, "I have no concerns whatsoever, we are really pleased with everything." Another relative said, "I have no concerns but if I am not happy about something I tell them, and they sort it out straight away."

End of life care and support

- People and their families received high-quality, compassionate support as they reached the end of their lives. The registered managers had received messages from people's families thanking them for the care and support they had provided. These showed the families valued the care and support given to their loved one and to the family. One family had commented, "Thank you for your compassion and support in helping our family when we needed it most." Another family had shared how the care provided by the staff had allowed them to enjoy precious time with their relative. They commented they had been able to "spend quality time" with their relative. They said this had given them "time to be [relative] again and not a carer."
- The provider had links with local organisations who specialised in best practice in supporting people as they reached the end of their lives. They had worked with the specialist organisations to ensure people in the home and local community received excellent care at the end of their lives.
- The staff had the skills and knowledge to provide high-quality care to people. The home had achieved accreditation to the nationally recognised 'Gold Standard Framework' (GSF) for end of life care. This model of good practice enabled a 'gold standard' of care for all people at the end of their lives.
- The GSF focuses on systems changes within a service that are centred on the highest standards of end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. The approach being taken meant staff responded quickly to changing health needs and had reduced people being transferred to hospital for care when they wanted to stay in the home with familiar staff and surroundings at the end of their lives.

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 good. At this inspection this key question has remained the same. 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

- The registered managers were committed to providing people with high-quality, person-centred care. A relative told us, "They are definitely person-centred." A Healthcare professional said, "All staff appeared engaged with the high-quality of care philosophy of the organisation."
- The home had a good reputation in the local area for providing high-quality care that promoted good outcomes for people. People told us it was a good service and said they would recommend it. One person said, "I am going to stay here for the rest of my life, this place is marvellous." Another person said, "I am happy here, it is better than everywhere else I have been." A relative told us, "It is an amazing home. I have recommended this home and a few people have moved in on my recommendation."

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; Continuous learning and improving care

- The provider and registered managers understood their responsibilities under the duty of candour. The registered managers had sent us notifications of significant incidents, as required. These showed information had been shared with relevant people when incidents had occurred.
- The provider and registered managers analysed incidents to ensure lessons were learnt to further improve the service.

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

- The registered managers asked people for their views and made changes in response to their feedback to improve the service. They shared information about the improvements they had made in response to feedback with people who used the service and their families.
- People had been asked to complete a quality survey to share their views. People were also asked for their views on an informal basis as staff supported them. The provider and registered managers also carried out formal audits to monitor the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers and staff were aware of their roles and responsibilities and ensured the service provided high-quality care. The registered managers felt well supported by the provider. Senior managers in the organisation carried out unannounced visits to the home to maintain oversight of the service.

- The staff told us the registered managers were supportive and set high standards for the service. They said they were confident they provided people with good care and told us the service was well managed. One staff member said, "I'm happy this is a good service."

Working in partnership with others

- The staff worked with other services to ensure people received support as they needed. Where specialist services were involved in providing people's care the advice they had given had been included in individual's care plans. The staff provided people's care in line with the advice given by the specialist services that supported them.