

Ryecourt Limited

# Ryecourt Nursing Home

## Inspection report

264-266 Queens Promenade  
Bispham  
Blackpool  
Lancashire  
FY2 9HD

Date of inspection visit:  
23 May 2018

Date of publication:  
13 August 2018

Tel: 01253592905

Website: [www.belsfieldcare.co.uk](http://www.belsfieldcare.co.uk)

## Ratings

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

# Summary of findings

## Overall summary

Ryecourt provides nursing care and support for a maximum of 35 people who live with dementia and/or a physical disability. At the time of our inspection there were 34 people living at the home. Ryecourt is situated in a residential area of Blackpool close to the promenade. Communal areas located on the ground floor consist of four lounges and two dining areas. A passenger lift is provided for ease of access throughout the building.

Ryecourt 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, both of which we looked at during this inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 23 September 2015, the service was rated good. At this inspection, we found the service had improved to outstanding.

During this inspection, we found multiple examples to demonstrate the staff and management team were passionate about providing an innovative, excellent service. A relative told us, "It's outstanding here, there is no other word to describe it." Our observations confirmed staff were highly skilled communicators and able to engage with profound empathy and respect.

The home's ethos was strongly focused on providing highly personalised care. We found very high staffing levels and excellent communication at Ryecourt meant care was delivered efficiently and with a timely approach. All interactions we observed demonstrated a service consistently focused upon the person's dignity.

Staff had in-depth training in equality and we observed they demonstrated their understanding in practice by continuously promoting a highly inclusive environment. It was very clear they respected each person's rights and treated them as individuals. We observed a strong, family-orientated service where staff were not afraid to display their love towards people.

The registered manager went to great lengths to ensure people and relatives had access to different information. This enabled families to gain a greater awareness of their care, which they said was an example of the registered manager going above and beyond.

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 in the service supported this practice. Various

evidence-based tools and best practice procedures were completed by staff to maintain high levels of effective mental health treatment.

All personnel had a very structured and supportive start to their employment, underpinned with shadow shifts and regular supervision. Staff development at Ryecourt was exceptional because the registered manager used every opportunity as a training session. This included tools to ensure learning was put in practice, such as reflective work, meetings, competency tests and learning logs.

The skilled workforce had a massive impact on people because we saw evidence this reduced unnecessary hospitalisation. Systems to effectively monitor and treat pain, anxiety symptoms and depression levels resulted in significantly reduced incidents. For instance, the rate of falls, health infections and pressure ulcers over the last year were cut to minimal or zero levels.

The provider ensured the chef was able to provide individual soft and pureed diets that resembled the original food. People and visitors were highly complimentary about meals, choice and staff support. A relative said, "The food is wonderful." Staff deployed prescribed treatment and adapted care planning to protect the most vulnerable individuals from the risks of malnutrition.

We found the continuously fluid method of treatment provided at Ryecourt maximised positive outcomes to people's care. This was because it assisted staff to be more adaptive to their everchanging needs. The registered manager further excelled at providing multiple systems to maximise staff awareness of each person who lived at the home.

The service provided a personalised, caring and excellent end of life care. The sensitive management team approach meant they could obtain a wealth of information to guide staff about each person's end of life preferences. We saw staff showed genuine sensitivity, compassion and love.

Care records contained detailed information to give staff an exceptional understanding of activities people enjoyed and to improve their social engagement. A relative said, "Sometimes they will spend a long time just chatting and being with [my family member] and other times they will play games or read with her. They do more here than I ever could at home."

The registered manager had a variety of surveys and systems to obtain the best possible feedback about the quality of care. One relative stated, "Even though Ryecourt is outstanding, in my opinion, they never stop looking at how they can tweak things. That's a sign of how excellent [the registered manager] is as a manager."

The management team had incredible oversight by scrutinising all areas before issues occurred, which showed they had strong control measures in place. Staff confirmed the management team were keen to listen to their ideas and encouraged them to raise any concerns.

We found staff files contained required documents and checks to protect people from the employment of unsuitable staff.

Information contained in people's bedrooms gave staff immediate access to guidance in an urgent situation. Care records held risk assessments and control measures intended to manage potential risks and maintain people's safety. Staff had a good awareness about how to identify and report any concerns to the local authority and CQC.

Medicines records were completed accurately. Associated risk assessments for each person who lived at Ryecourt were detailed and frequently reviewed to ensure they continued to maintain people's safety.

## 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.

Staff we spoke with said excellent staffing levels were deployed at Ryecourt. Visitors said they were very reassured about people's safety because of the high staffing levels.

The registered manager followed robust procedures to recruit suitable staff.

Accidents and incidents were clearly monitored with good oversight from the registered manager. Policies and procedures were designed to minimise the risk of harm.

The registered manager underpinned safe medicines administration with staff training and competency testing.

Good 

### Is the service effective?

The service was exceptionally effective.

We found outstanding systems and procedures to assess, monitor and implement support in relation to mental capacity.

We saw multiple examples where the registered manager went above and beyond in the support and training of their staff.

Highly successful care planning and risk assessment, focused on evidence-based best practice, resulted in significantly reduced incidents.

The registered manager and staff were highly proficient and used pioneering procedures to mitigate risks associated with malnutrition.

Outstanding 

### Is the service caring?

The service was remarkably caring.

Everyone we spoke with described staff care delivery as remarkable. Without exception, staff interaction with people centred on equal relationships, respect and dignity.

Outstanding 

We found staff had an excellent grasp of individualised care to meet each person's diverse and cultural needs.

The registered manager fostered a caring approach towards the whole family and instilled this in their workforce. There was a cohesive approach of staff, the registered manager and families working together as a team.

We observed staff assisted people and their relatives in every way possible to experience Ryecourt as their own home.

### **Is the service responsive?**

The service was extremely responsive.

Care plans gave multiple options so that staff had alternatives if something did not work. People and relatives commented Ryecourt was an extremely responsive service.

The workforce was highly devoted, experienced and skilled at providing an empathic approach to people's end of lives.

We found the registered manager and staff went the extra mile in the provision of activities and social inclusion.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

We found the registered manager excelled at creating an inclusive environment to strongly encourage staff, people and visitors' involvement in Ryecourt's development.

The management team had considerable and exhaustive procedures to assess the quality of the service, people's welfare and everyone's safety.

Staff were highly valued by Ryecourt's management team, which the provider reinforced with strong recognition of and respect for their expertise.

**Outstanding** 

# Ryecourt Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor, with clinical experience of supporting people with mental health conditions.

Before our unannounced inspection, we checked the information we held about Ryecourt. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Ryecourt.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We found people who lived at Ryecourt used a variety of ways to communicate. During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Ryecourt, four relatives, nine staff members and two members of the management team. We further discussed care with a visiting healthcare professional. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of six people who lived at the home. This process is called pathway tracking and enables us to judge how well Ryecourt understands and plans to meet people's care needs and manage any risks to their health and wellbeing. We checked the recruitment, training and support documents in relation to four staff members. We also looked at records related to the management and safety of Ryecourt.



## Is the service safe?

### Our findings

When we discussed safety and security at Ryecourt, people and visitors said this was managed very well. For example, a relative told us, "I never have any concerns about when I am not here, I am reassured they see the safety of the residents as paramount." A visiting professional commented they were very reassured about people's safety because of the high staffing levels.

Staff we spoke with said excellent staffing levels were deployed at Ryecourt. One staff member commented, "We can fully take our time when assisting people with their care so that they really enjoy getting up, dressed, eat their meals and so on." Rotas we looked at evidenced very high numbers and skill mixes of staff who worked each shift. For example, up to 16 care, nursing and management staff worked from 8am-8pm every day. This gave a ratio of just under one staff member to every two people who lived at the home. Additional ancillary personnel supported each shift, such as domestic, kitchen and maintenance staff. We observed staff worked well as a team with good shift communication and leadership. One relative said, "The amount of staff they have is astounding and proves [the registered manager] takes the residents' safety seriously."

We found staff files contained required documents and checks to protect people from the employment of unsuitable staff. The registered manager also checked each nurse's professional registration to ensure they were fit to practice. The registered manager completed a risk assessment to keep everyone safe. We found these were generic rather than specific to potential concerns. When we discussed this with the provider, they assured us they would develop their risk assessments further.

During our inspection visit, we found all areas of the home were clean and tidy. We saw staff made use of appropriate protective equipment, such as disposable gloves and aprons. A relative said, "It's immaculately clean." Hot, running water was delivered within health and safety guidelines. Window restrictors were fitted to protect people from potential injury. We also found the home's safety certification was up-to-date, such as fire, gas, electrical, equipment and legionella. This meant the registered manager monitored the environment was safe for people to live in.

Information contained in people's bedrooms included important details about, for example, their resuscitation status, mental capacity status and other emergency records. This gave staff immediate access to guidance in an urgent situation. People frequently went back and forth to various areas of the home. Staff managed this well by moving their monitoring charts and risk assessments to their bedrooms or the communal area the person went to. This meant personnel could update records and the person's safety immediately. Care records held risk assessments and control measures intended to manage potential risks and maintain people's safety. These covered areas such as fire and environmental safety, behaviour that challenges, personal care, wound management, treatment compliance, infection control and pain management. Accidents and incidents were clearly monitored with good oversight from the registered manager of how these impacted on everyone. Following this the team were required to debrief and review any lessons learnt. We saw an example where this improved medication procedures.

Staff had a good awareness about how to identify and report any concerns to the local authority and CQC. Policies and procedures, including safeguarding and whistleblowing, were designed to minimise the risk of harm or poor care. They covered contact details of the relevant agencies and the employee's responsibility. Records we saw held evidence to show staff had related training.

The medication clinic room was well-organised, stocked and clean. Medicines records were completed accurately. Part of the registered manager's administration of medicines procedures included a completed risk assessment for each person who lived at Ryecourt. These detailed documents were frequently reviewed to ensure they continued to maintain people's safety. The nursing staff completed audits on each person's records every two weeks to assess the safety of their medication procedures. They administered medicines by concentrating on one person at a time. They did so patiently, explained the purpose of tablets to people and provided a drink. The registered manager underpinned this with staff training and competency testing.

## Is the service effective?

### Our findings

People who lived at Ryecourt and visitors told us staff were highly experienced and provided an effective service. They said they were extremely confident about a service that delivered skill and expertise in care. A relative said, "The staff are highly experienced, I cannot commend how well trained they are and their expertise is exceptional."

The registered manager went to great lengths to ensure people and relatives had access to different information. This was provided in a variety of formats, such as easy read records. For example, they used pictorial cards to show hazards to people who were unable to communicate as part of the maintenance of their safety. Additionally, the provider produced their own leaflets about medical conditions, which were available in the entrance lobby. This meant they enabled families to gain a greater awareness of their care. A relative said this was an example of the registered manager going above and beyond to help them better understand their family member's needs. They added, "It was all a bit confusing, but the staff gave me leaflets and the nurse sat down and talked things through. It was incredible, for the first time I understood why my [relative] is the way she is. I cannot thank them enough for that."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us 24 people at the home benefited from a DoLS to safeguard them. We found outstanding systems and procedures to assess, monitor and implement support in relation to mental capacity. Risk assessments guided staff if someone was not treatment compliant or at risk from self-neglect, which consistently followed the least restrictive practice. These linked to the person's care plans, best interest records, capacity assessments and behaviour monitoring charts. We saw records evidenced constant involvement of people, their representatives and their social worker. To strengthen this, the registered manager provided information in easy read format, which greatly assisted the person's understanding.

We found the management team were meticulous in assessing and reviewing support because they recognised people's capacity fluctuated. Care planning was a live system because staff continuously amended each person's treatment in line with their changing needs. This was a highly adaptive approach because, where treatment failed or varied, staff immediately modified support. To reinforce this methodology, staff completed individual, person-centred deprivation of liberty care plans for each area of care. They considered the benefits and burdens of all options and implemented support actions in addition

to people's care plans. This innovative approach was all-inclusive and guided staff to what they were and were not permitted to do.

Various tools and best practice procedures, proven to work, were completed by staff to maintain high levels of effective mental health treatment. These included the Abbreviated Mental Test, to rapidly assess people's mental health, and the Behavioural Assessment Tool for Cognition and Higher Function (BATCHE). BATCHE is a tool for those unable to tolerate formal tests because of agitation or communication difficulties. The systems enabled staff to have up-to-date oversight of the slightest change in people's mental health. We saw multiple examples where staff expertise anticipated each person's changing needs. For example, a person became distressed and said staff took their brush away. Although this was not the case, staff responded quickly by listening to and reassuring them, whilst accepting their reality. They assisted the person to locate the object and reassessed them for any changes, which helped them to quickly settle.

We saw the registered manager excelled at providing a dementia-friendly environment to maximise each person's wellbeing and memory skills. For example, a corridor had been turned into a memory lane with photographs and stories linked to historical events. Each lounge contained soft toys and sensory equipment for people's social stimulation and were enhanced with different themes. One was designated as the garden room and had artificial grass on tables and window sills, whilst another area had a sea theme. A third lounge was designed as a jungle with a large tree, murals and miniature air balloons hanging from the ceiling. We saw staff used the environment very well to enrich each person's wellbeing. For instance, they used sensory equipment when one person became distressed and discussed a picture on the wall with another individual. This helped them to engage and reduce their anxiety levels.

Potential staff attended a half-day 'taster' session to help them understand the role and decide whether they wished to apply. After successful employment and induction, they had a buddy system for up to 12 weeks to strengthen their competency. This gave staff a structured and supportive start to their employment, underpinned with shadow shifts and regular supervisions.

All staff attended a vast array of courses to ensure they were highly skilled in their work. They had good grounding in the care certificate, which was accredited training that covered standards in care. Other training provision included environmental and fire safety, medication and infection control. Staff expertise was enhanced with specialist training in such areas as behaviour that challenged, dementia diploma and champion roles. Role play was used in training to understand how to deal with seizures and other health situations. This was enhanced with the 'blindfold test,' which was experiential learning of conditions, to increase staff empathy towards people's different needs. The registered manager checked learning was used in practice through reflective practice, meetings, competency testing and learning logs. A visiting professional told us they found staff were extremely well-trained and observed this in care provision at the home.

The registered manager was supportive of their nursing staff with an advanced preceptorship programme. This provided support targeted at helping them complete their portfolios to meet professional registration requirements. The nurse and mentor worked closely together over 12 months, completing practice hours and training. It was mandatory for the employee to write case studies and review their responsibilities and skills. The exceptional system meant nurses were upskilled and proficient in treatment and care delivery.

We found multiple examples where the registered manager went above and beyond in the support of their staff. This included those employees with limited communication skills or whose first language was not English. They were provided with policies written in layman's terms to ensure they had a good grasp of responsibilities. The provider additionally funded them to complete external courses in English Language.

Furthermore, staff were given paid study days and reflective time to help them focus on their education. One staff member confirmed, "We have very good levels of training here."

Skills staff developed had a massive impact on people because we saw evidence this reduced unnecessary hospitalisation. This helped individuals to stay settled in their familiar surroundings, supported by staff they knew. For example, the provider paid for staff to complete intravenous fluid training, which was competency tested to ensure any associated risks were safely mitigated. This was remarkable because no other provider offered it in the locality. We found the impact this had at Ryecourt meant there had been no unplanned hospital admissions.

Highly successful care planning and risk assessment, proven to work, resulted in significantly reduced incidents. These included systems to monitor and treat pain and manage people's safety. We saw multiple examples of staff analysing care and adapting this on a personalised basis. The rate of falls, health infections, pressure ulcers and weight loss over the last year were cut to minimal or zero levels. This was because staff acted expertly and instinctively.

The registered manager and staff were highly proficient at mitigating potential risks associated with malnutrition. They had a pioneering procedure, called 'Teleswallowing,' to monitor people with swallowing difficulties. They recognised long delays in seeking referral to the speech and language therapy (SALT) team and implemented the new system to overcome this. The tool helped staff and healthcare professionals assess, via video equipment, people's abilities, adapt care planning and implement prescribed treatment. We found care records contained detailed information about each person's nutritional needs. This was linked to other treatment areas, including end of life and prevailing medical conditions. Frequent assessments, weight checks and close review of fluid/food intake formed part of the holistic approach to care.

The provider had a highly effective system to boost people's appetites, meal enjoyment and experience of dignified support. They ensured the chef had tools as part of their meticulous approach to the preparation of pureed meals. For example, they had high quality moulds to give food items their normal appearance. A relative said, "The presentation of meals is fantastic and really makes mealtimes a dignified experience." People and visitors were highly complementary about choice and said mealtimes were very much a social occasion. A relative commented, "I love the little things that show they go that extra mile – like the menus on the tables and the amount of choice my [relative] gets. It's not just this or that, she has a lot of choice, but still can have something that's not on the menu."

The management team developed further approaches to optimise the person's whole treatment, including videoconferencing with GPs. The model of care focused on multi-disciplinary working. A visiting professional said they and staff worked extremely well together in the continuity of the person's care. The professional gave an example of staff very quickly referring one person to the GP and mental health team, before they deteriorated. Changes to people's records and care plans were immediately implemented and we were told staff kept relatives involved. A relative said, "I'm kept informed about everything. I can access [my relative's] charts and records of care, they never have a problem with things like that."

## Is the service caring?

### Our findings

Everyone we spoke with described staff attitude and care delivery as exceptional. A person who lived at the home said, "I'm very happy here." A relative told us, "The care is second to none." Another relative added, "I have watched the staff with the residents and they are very caring people. The staff treat it more than a just a job" A third relative stated, "It's a very good home and I feel [my relative] is incredibly well looked after." A visiting professional told us staff were very caring, cheerful and engaged well with people who lived at Ryecourt.

Without exception, staff interactions towards people who lived at the home centred upon equal relationships, respect and dignity. When they talked with and provided support for individuals, they encouraged them to take the lead. A visiting professional said care focused on the person's wellbeing and staff did everything they could to give them the best possible life. It was clear staff had genuine affection for those who lived at Ryecourt and felt free and uninhibited to show this appropriately. They spoke gently and softly, whilst constantly holding hands and hugging people. A relative told us, "The attitude and nature of the staff is amazing. I'm forever being surprised by how much they really do love my [relative]."

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This enabled us to review staff interactions with people who were unable to verbally communicate. We found staff were highly skilled communicators and able to engage with profound empathy and respect. They constantly smiled and interacted with a very caring, friendly and loving approach. Staff talked with people in ways that aided them to remain within their own realities. They engaged with people calmly and discussed topics that were clearly of interest to the person. Staff were proactive to de-escalate situations before they deteriorated, which was enhanced by extremely high staffing levels. We saw an individual started to express anxiety and found staff immediately comforted them with very soothing contact. They helped the person to express their feelings, which enabled them to feel calmer. A visiting professional commented they observed staff really cared about people and had a lovely attitude.

We observed brief statements and single words were displayed discreetly throughout Ryecourt. These referred to providing high standards of compassionate care and reminded staff about dignity and how people who lived with dementia experienced their lives. Additionally, the registered manager displayed the home's 'Four Care Core Values' at various points along corridors. These related to expected standards of dignity, compassion, kindness and recognising each person's individuality. Relatives said this was a very reassuring approach to exceptional care. We noted the registered manager fostered a caring approach towards the whole family. For example, relatives were made to feel welcome, offered refreshments and given an update on their family member's progress. One relative stated, "[The registered manager] has a really deep sense of how difficult all this is and is a great comfort."

The home's values formed the central approach to maintaining people's rights under the Human Rights Act 1998. When we discussed this with staff, we found they had an excellent grasp of individualised care to meet each person's diverse and cultural needs. Their values focused on respecting people's uniqueness. The registered manager provided details to people and their relatives related to advocacy services. This meant

they could access advocacy if they required support to have an independent voice. Furthermore, qualified staff completed a course related to spirituality in nursing care. The purpose of the training revolved around a deeper understanding of nursing responsibilities and people's different religious requirements. The registered manager told us, "It helped me as a nurse to understand the whole person. It's not just about religion, it covers the wider parts of spirituality, such as treatment, choice and individuality."

Staff had in-depth training in equality, which included role-play to help them better appreciate through experiential learning. We observed they demonstrated their understanding in practice by continuously promoting a highly inclusive environment. For example, they responded, rather than reacted, to behaviours that challenged the service. Staff encouraged people to express themselves in their usual manner and did not stop them from living within their own reality. It was very clear they respected each person's rights and treated them as individuals. At the same time, we observed a strong, family-orientated service where staff were not afraid to display their love towards people. A staff member commented, "We are like a family, a little family here."

The registered manager maintained excellent standards centred on the holistic approach to each person. Staff, including newly recruited personnel unfamiliar with those who lived at the home, had valuable guidance to optimise people's person-centred care. We found very high staffing levels and excellent communication at Ryecourt meant care was delivered quickly and efficiently. Support centred upon the home's values of anticipating the person's needs and wishes rather than staff waiting to be asked. When we discussed this with people and their families, they said this pre-emptive ethos gave them confidence and belief about an outstanding service. We observed staff adopted a personalised approach and were clearly aware of factors that affected a person's mood or behaviour. One staff member approached a distressed individual and reassured them with the use of appropriate touch and gave them a manicure. The employee explained, "Her [relative] has gone home, she gets distressed when he leaves."

The principle standard at Ryecourt focused on learning from those who lived there and their families. There was a very clear and respectful method of involving people and their representatives in their care planning, which we observed in practice. There was a cohesive approach, clearly evidenced in care records, of staff, the registered manager and families working together as a team. A relative told us, "If I'm not there, [the registered manager] rings me and discusses things with me. I feel absolutely respected and a part of my [relative's] support." The management team understood this could not be achieved without obtaining as much information as possible, from various sources, about each person. The relative added, "Every time I come, [the registered manager] or one of the staff will talk to me about how my [relative] is doing. They'll suggest something about her care and ask me what I think."

We saw staff assisted people and their relatives in every way possible to experience Ryecourt as their own home. For instance, families were encouraged to bring items familiar to each person. Care files referenced past events and interests important to people. A relative said, "It's a huge thing to put someone in a nursing home, but this home feels like home for [my relative] and that's the feel you get from the place." We saw bedrooms were furnished with model items, posters, soft toys, ornaments and photographs. A staff member told us one relative fully styled all aspects of their family member's bedroom. They added, "We're so proud of how much [the relative] is involved because [the relative] knows [the person] and the room is really cool for him." Staff went to great lengths to consult people about the decoration of their living space. We saw one bedroom was bright pink and this staff member said, "[The resident] is really into pink and likes to feel like a princess, so her bedroom is designed that way to help her feel special."

All interactions we observed demonstrated a service consistently focused upon the person's dignity. For example, we found evidence to show the registered manager challenged practice and protocols in place

against high standards in dignified care. They introduced end of life diaries to document people's daily experiences. One staff member was designated as the lead dignity champion at the home. They received training to enhance their understanding of the role. Their main responsibilities included training and working with the team to drive up standards in respectful care and disseminate good practice. They held monthly staff meetings and supported staff on a one-to-one basis to reflect on their practice and improve their awareness. Areas covered included nutritional assessments, reaching goals, medication management and personal beliefs. This had an exceptional impact on people because their physical, emotional and social health improved and they remained settled at Ryecourt.



## Is the service responsive?

### Our findings

We observed Ryecourt was an extremely responsive service. People and relatives' comments confirmed this. One relative said, "My [relative] is like a different person since she came here and that's down to how the staff have looked after her." Another relative stated, "I'm so pleased with how [my relative] has been treated and how I have been treated." A visiting professional commented record-keeping at the home was very thorough and to a high standard.

The thorough pre-admission process at Ryecourt ensured placements were successful. People were encouraged to visit with their families, and the management team completed assessments of people's health and the care they required. A visiting professional told us staff were very sensitive and responsive to people's needs during the process.

The registered manager developed care plans from this information and worked with the individual and their families. Plans focused on areas such as personal care, behaviour, nutrition, communication, medication and end of life care. Each aspect included comprehensive details about the history of the identified need, associated medical conditions and people's preferences. Care plans gave multiple options so staff had alternatives if something did not work. Whenever change occurred they added this to the care plan and amended treatment. This fluid method of support maximised positive outcomes to people's care because it assisted staff to be more adaptive to their everchanging needs. A visiting professional said they found care plans were in-depth and gave a rich picture of the person and how to support them.

Innovative techniques underpinned the person's journey at Ryecourt to create highly anticipatory care. For instance, an observation system gave a detailed picture of people with complex needs. The provider created the research-based tool with a university to map how the person's dementia affected them on an individual basis. Staff discreetly observed people's behaviours, interactions and reactions in different environments. This helped them to gain much deeper awareness of treatment responsiveness and meant people received care that matched their different personalities. A visiting professional said they regularly assessed if people's funding continued to meet the person's needs. They added they found staff were highly efficient at demonstrating people's progress and the success of treatment.

We saw people who lived with enduring mental health conditions frequently went from room to room and to different communal areas. Staff did not at any point prevent individuals from going to wherever they chose. They maintained high levels of effective recordkeeping and assessment of people's progress. This was because they consistently ensured monitoring charts and risk assessments went securely to wherever the person opted to walk to. This gave staff immediate and continuous access to records, which they updated with a live and ongoing approach.

The home's values centred on staff respect for each person's 'aspirations and commitment.' We found this very much existed in practice because the management team discussed people's skills with them. They recognised the importance of their involvement in the review of their treatment. Those who lived at Ryecourt and their relatives said they felt they were at the heart of the update of their care. One relative told

us, "They treat me as part of their family. When [my relative] improves, the staff make me feel it's down to me as well. I'm so grateful."

Ryecourt supported people with life-limiting illnesses. On arrival, the registered manager told us a person had died overnight. We saw staff showed genuine sensitivity, compassion and love. The registered manager helped people, relatives and staff to reminisce and celebrate each person's life. For example, following someone's death we saw they added a new entry to a special file. This outlined the person's life history and comments from staff and relatives. A 'life tree' hung on a wall in the main corridor with pictures of those people who currently lived at the home. Below the tree handcrafted poppies held photographs of those who had passed away. This demonstrated a sensitive and respectful approach to end of life care at Ryecourt.

This was underpinned with a workforce who was highly devoted, experienced and skilled at providing an empathic approach to people at the end of life. The management team worked with the National Gold Standards Framework (GSF) in the provision of end of life care. The GSF is an external agency supporting providers to develop evidence-based approaches to optimise people's care. The rigorous accreditation process focuses on end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. The GSF had awarded Ryecourt their 'Commend' status for gold standards of care for people nearing the end of life. This was partly because staff continuously reviewed and amended people's treatment. Care was advanced further with staff end of life medication training, such as the operation of syringe drivers. This enabled individuals to remain at Ryecourt in their familiar surroundings.

To maintain outstanding end of life care, the registered manager reviewed each person's death and the treatment they received. They scrutinised symptom management, the completion of monitoring forms and other records, care plans and communication systems. This approach assisted the management team to improve people's end of life experiences. We saw this meant there were no unnecessary hospital admissions for life-limiting illnesses over the last year.

We noted the registered manager provided multiple systems to maximise staff awareness of each person who lived at Ryecourt. The approach was outstanding because it assisted staff to anticipate situations before they escalated. For example, 'Get to Know Me Boards' in people's bedrooms showed their basic medical background, preferences and support requirements. Additional booklets gave staff immediate access to further person-centred details and people's preferences. We found staff had a wealth of knowledge about each person. For example, a staff member told us one person had maps on their bedroom walls because, "They liked going on holidays, so we put the maps up to help her reminisce and as a discussion point." Staff understanding was further reinforced with laminated sheets that detailed each person's daily needs, independence levels and coping strategies. We noted the variety of materials used were accurate and directly correlated to each person's records. A visiting professional told us they found staff really knew each person well, what they needed and who they were.

Another area of excellence at Ryecourt was the provision of activities. We observed staff provided fun events on a one-to-one and group basis throughout the day. A relative said, "[The registered manager] goes above and beyond in making sure the residents are well occupied. They have activities from the moment they get up 'til they go to bed. If my [relative] doesn't want to join in, the staff respect that." If people wanted to go out, staff immediately supported them to do so and encouraged others to have a change of scenery. If they showed disinterest, staff instantly stopped and offered alternatives. These included board games, arts and crafts, music, colouring and exercise. Staff completed the Pool Activity Level (PAL) tool for each person who lived with dementia. This helped them to have a meaningful understanding of activities people enjoyed and to develop individualised care plans to improve their social engagement.

We observed staff made very good use of abundant sensory equipment available at Ryecourt, such as soft toys, sensation blankets and sleeves. A visiting professional told us they found staff understood people often felt intimidated or anxious in big groups. They added because of high staffing levels this meant activities were geared to each person's individual preferences. We saw staff constantly read and talked with those who lived at the home. A staff member said, "I'm proud of the staffing levels here. We really do have the time to spend talking with residents and helping them to enjoy their day." Designated activities co-ordinators were on duty for 12 hours per day. People and relatives commented this was outstanding because it reassured them they had high levels of social stimulation. One relative stated, "The huge amount of staff they have here means [my relative] can join in a group, like crafts, or they spend time with her one-to-one."

We saw evidence where one person was supported to attend an Armistice Day in another part of the country with a relative and friend. The registered manager went the extra mile in arranging this and provided a staff member for additional support. This gave the individual a very special memory and enabled them to participate in a life-affirming event of great importance to them.

The registered manager displayed information to guide people and relatives if they wished to raise a complaint. Although they had not received any in the previous 12 months, we found they had good procedures to analyse and respond to concerns. A relative told us, "Ryecourt is run so well that I have never known anything to go wrong." The management team and staff approach to people's feedback was to listen and address concerns before they escalated.

## Is the service well-led?

### Our findings

Everyone we spoke with said the registered manager was an excellent leader who consistently demonstrated their expertise, respect and kindness. One relative said, "[The registered manager] has compassion and a wealth of knowledge. I'm very reassured my [relative] is in her care because I know [the registered manager] will take care of her as if she was her own family." Another relative stated, "If every home was run like this then there would be no poor care."

We found the registered manager excelled at creating an inclusive environment to strongly encourage staff, people and visitors' involvement in Ryecourt's development. They listened to and respected their ideas and consulted with everyone about the design of the premises and the quality of care delivery. There was an authentic desire to improve every aspect of the service. The registered manager told us, "We are always looking at fresh ideas. We are going to replace our sensory lights in this room because the ones we have are not bright enough."

The registered manager had a variety of surveys to obtain the best possible feedback about the quality of care. They proactively offered different questionnaires to external healthcare services, potential placements, current residents and relatives. We noted areas checked included meals, activities, staff attitude and the management of Ryecourt. Responses from the last survey were very complementary such as, 'While there is a certain need for routine, it is not rigid in that my [relative's] needs are always paramount.' Another relative wrote, 'I was given a lot of support from all the staff and my [relative's] looked after extremely well.' People we spoke with said they felt very much a part of the review and development of the home. A relative stated, "Whenever I visit my [relative], the nurse and carers ask me how I think they are doing and if there is anything they could do better. I love that because I feel part of the home too." The registered manager scrutinised the results of surveys and verbal feedback. They displayed this information in public areas to reassure people and visitors about the exceptional service provided.

In addition to this, the registered manager completed a very sensitive approach to review and audit people's end of life care. Following a respectful period, they provided relatives with a post-death questionnaire to assess their experiences of bereavement support. An additional system checked whether there were potential lessons to learn or improve life-limiting treatment. The management team's approach was enhanced by their participation at the local hospice forum. The meetings gave them the opportunity to share and gain excellent end of life care practice.

We found the management team had considerable procedures to assess service quality, safety and people's welfare. Audits covered, for example, care planning and risk assessment matrices to review correct records were in place and monitor when they were due a review. We saw this reduced the risk of treatment not matching people's needs. Other audits reviewed medication; infection control; nutritional quality, presentation and support; activities; and environmental safety. The management team scrutinised these areas before issues occurred, which showed they had strong control measures in place. They further monitored clinical trials of care planning, medication and treatment. A relative said, "I often sit and watch and see things run incredibly smoothly and that's down to how well [the registered manager] manages the

home."

The provider was highly proactive at recognising bottlenecks and delays in healthcare pathways. They found the local SALT team had long waiting lists and introduced a 'Teleswallowing' tool. This involved much more immediate access via videoconferencing equipment. Innovations to delivering outstanding care also included the PAL framework for providing activity-based care for people who lived with dementia. Additionally, staff monitored their pain, mood levels and presenting anxiety. The techniques helped them to continuously assess treatment effectiveness to improve people's lives. These procedures hugely impacted on those who lived at Ryecourt because the leadership of their care was immediate and adaptive to their changing needs.

The management team worked with a strong multidisciplinary approach to develop care delivery and enhance people's lives. For example, they worked with the hospital Tissue Viability Nurses and achieved a reduction of ulcer events to zero. They did this through proven techniques and funding their nurses to complete accredited tissue viability training. A visiting professional told us the management team worked very well in the best interest of those who lived at Ryecourt. They gave us examples of the registered manager working with them to improve care delivery. The professional added the management team and staff were very keen to introduce change. The registered manager also implemented innovative schemes to enhance people's medical and treatment outcomes. This included a pioneering process they developed with a university to provide the best possible care for people who lived with dementia.

There was an excellent approach to managing and mitigating risk through the registered manager's 'Safety Challenge Initiative.' This involved staff utilising various tools and the management team monitoring their effectiveness. Areas covered included health infections, falls management, pressure ulcers and the Pre-Hospital Early Warning (PHEW) score. PHEW was a proactive method of preventing hospitalisation. The provider funded nurses to train to administer intravenous fluids, which was unique to the locality. We found these procedures were highly successful in reducing incidents and unnecessary hospital admissions to minimal or zero levels.

Investors in People (IIP) regularly assessed Ryecourt. IIP is an external agency that checks how services meet set standards such as leadership, support and management of employees. We reviewed the home's last IIP report and found evidence of excellent practices to demonstrate the registered manager's leadership skills. For example, comments seen included, 'the group management had created strong team work;' 'high levels of competency and experiences;' and the management team implemented a 'wide range of innovative and flexible strategies.'

We reviewed an example of the impact these systems, leadership and innovative practices had on people's experiences of living at Ryecourt. On admission of one person, staff obtained a highly detailed understanding of their life histories, preferences and support requirements. They were assessed as non-compliant to treatment and often displayed behaviours that challenged when distressed. From multi-disciplinary working with relatives, best interest meetings agreed their end of life care should be provided at Ryecourt to reduce anxiety. Regular meetings, implementation of stand-by medication, use of evidence-based techniques and whole family support was evidenced. As a consequence of the exceptional management of this person's care, they remained peaceful and comfortable in surroundings they were accustomed to.

We found staff were highly valued by Ryecourt's management team, which the provider reinforced with strong recognition of and respect for their expertise. Their recent IIP report noted they had highly trained staff, which led to a 'a diverse and talented workforce.' Personnel we spoke with were very complementary

about the registered manager, who they felt skilfully developed an extremely bonded team. Staff consistently expressed their deep respect for the management team and the support they experienced. One staff member said, "[The registered manager] is very good." Another staff member commented, "We're like one big family here." Staff confirmed the management team were keen to listen to their ideas and encouraged them to raise any concerns. To enhance this, the registered manager held multiple meetings with different staff teams. They used these forums to share good practice, disseminate guidance and to provide ad hoc training.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.