

Colleycare Limited

# Ryevew Manor Care Home

## Inspection report

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Date of inspection visit:  
04 February 2020

Date of publication:  
16 March 2020

## 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

Ryevew Manor is a residential care home providing personal to 92 older people at the time of the inspection. The service can support up to 94 people across four separate units, which the service describes as communities, each of which has separate adapted facilities. Each community specialises in providing care to people living with and at different stages of dementia.

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

People living at Ryevew Manor told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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 supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. This ethos consistently enabled people to receive good care from staff who knew them well. Staff did all they could to promote independence and we saw examples of this taking place.

People had access to a wide range of activities and were supported to avoid social isolation. The registered manager successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivered good care for people.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 February 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will 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.

The service was not always effective.

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 ●

# Ryevew Manor Care 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 team consisted of two inspectors, an assistant inspector and two Experts 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.

Ryevew Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 a manager 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:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

#### During the inspection

We observed how staff interacted with people. We spoke with 16 people and seven relatives to gather their views. We looked at records, which included 15 people's care and medicines records. We checked recruitment records for six staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager and nine staff. We spoke with one professional who regularly visited the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 and their relatives told us they felt safe living at the service. One person told us "They look in on me. If I call out (they come) reasonably quickly". A relative said, "[Person] is safe".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us "We have safeguarding training. The manager comes around and brings us some questions and asks. Signs of abuse could be if there are bruises that are unexpected, changes in behaviour or swearing. I would report straight to the senior carer who is in charge of the floor and document it. If I couldn't I would go to the team leader or the manager. If not, then I would need CQC or police."
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of the environment, systems and equipment.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning resulting from incidents at team meetings and on an individual basis.
- We saw an example where a person had experienced a number of falls. The registered manager used this information to identify patterns and trends. They then used this information to make a referral to the person's G.P and put in place safety equipment to prevent re occurrence.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved. The registered manager used a dependency tool to calculate staffing levels.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a

calm atmosphere and staff responded promptly to people who needed support.

- Staff were recruited in a way that ensured they were suitable to work in a care setting.

#### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency was checked regularly to ensure they followed best practice.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.



# 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.

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.

- People's rights to make their own decisions were respected and people were in control of their support. Where decisions were made on people's behalf's, they were made by those who had the legal authority to do so.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We treat (everyone) as if they do have capacity".
- Where people did not have capacity to make specific decisions, the appropriate assessments were in place and staff acted in people's best interests.

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

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a texture modified diet received their food in the correct consistency.
- Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risk risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Relatives we spoke with told us they felt staff had the necessary training.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff to learn about the service and the people they supported.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance. One staff member said, "Supervision, we do it every month with the senior carers, they ask what's going on and how you are feeling, if you need any support. They are very good".

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

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food. One person said, "Very good choice ". A relative said "(Person) enjoys it, has enough. (Person) eats it".
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same dining experience and support wherever they chose to have their meal.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds or requested an alternative meal.

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 clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's or dentists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

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

- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people received personalised support that met their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider had reviewed care plans and updated them, we observed the level of detail about people's personalised needs had improved, therefore the provider was no longer in breach of regulation 9.

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

- People were positive about the care they received and told us staff were caring. Relatives told us people were treated and supported well.
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, one person had a minor fall staff were quick to respond and ensured the person was cared for appropriately and sensitively.

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

- People told us they were able to choose how and where they spent their day.
- We saw staff checked with people before providing support and encouraged them to express their views and wishes. For example, one person wanted to go to the hair salon, the staff member clearly knew the person and asked them if they wanted to go with their friend as they usually did. The persons declined, and staff respected this.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us "I have regular meetings with staff. They always ring me for my opinion".

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal

information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# 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 Requires improvement. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people received personalised support that met their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection improvements had been made to how people received personalised care, therefore the provider was no longer in breach of regulation 9.

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

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they received person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The registered manager ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

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

- People were supported to live as full a life as possible and were enabled to participate in activities which interested them.

- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered, and throughout the day we observed people engaged with staff and enjoying what they wanted to do, alongside planned activities.
- People enjoyed living at the service and were supported to maintain important relationships.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People and their relatives told us they knew how to make a complaint and were satisfied that it would be taken seriously and dealt with effectively.

#### End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection people were receiving end of life care (EOLC). Records confirmed that staff had received appropriate training in EOLC and the service had involved professionals to ensure people had a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.
- The registered manager was currently reviewing the way people were supported at end of life care, this review considered new and innovative approaches.

# 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 Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the quality assurance process had improved, therefore the provider was no longer in breach of regulation 17.

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

- The registered manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place. These included, safeguarding, medicine records and accidents and incidents. These provided an oversight of these areas of care to ensure improvements were made where necessary.
- The registered manager and senior carer promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service. People and staff told us the leadership team got involved in the day to day running of the service.
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said, "The registered manager is great".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys, people and their relatives had opportunities to attend meetings and raise any comments via an open door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.
- The home was managed in a transparent way, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.