Primus Healthcare Limited

# Rykneld View

## Inspection report

410 Burton Road
Derby
Derbyshire
DE23 6AJ

Tel: 01332365240

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Rykneld View provides personal and nursing care and accommodation for up to 31 people. On the day of the inspection the registered manager informed us that 30 people were living at the home.

The inspection took place on 5 and 6 April 2018. The first day of the inspection was unannounced.

At our last inspection in February 2016, we rated the service 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good.' This inspection report is written in shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. Lessons to prevent incidents occurring had been learnt from past events. Staffing levels meant people were safe but they were not always sufficient to ensure meet people's personal care needs.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Staff were subject to checks to ensure they were appropriate to work with the people who used the service though systems needed to be more robust to provide full protection. People were protected from the risks of infection.

People using the service and relatives we spoke with said they thought the home was safe. They thought their medicines were given safely and this had been the case when we checked.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and they told us they liked the food served. People's health care needs had been protected.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs. Activities were organised to provide stimulation for people and they had opportunities to take part in a number of activities, though not in the community.

People and their relatives told us they would tell staff or management if they had any concerns and were confident these would be followed up.

People and staff we spoke with were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Risk assessments to promote people's safety were not always in place. Staffing levels were sufficient to keep people safe, needed monitoring to ensure people's needs were always responded to in a timely manner. Staff recruitment checks were in place to protect people from unsuitable staff, though systems needed to be implemented to make this fully robust. Medicine had been safely supplied to people. People had been protected from infection risks. People and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse. Lessons had been learned from past safety incidents.

### Is the service effective?

**Good**

The service remained effective.

### Is the service caring?

**Good**

The service remained caring.

### Is the service responsive?

**Good**

The service remained responsive.

### Is the service well-led?

**Good**

The service remained well led.

# Rykneld View

**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.

The inspection was unannounced. The inspection was carried out by one inspector 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.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR 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 also reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during individual tasks and activities. We also spoke with five people living in the service, four relatives, the registered manager, the deputy manager, a nurse working in the service, the activities organiser and two care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Requires Improvement

# Is the service safe?

## Our findings

Systems were not comprehensively in place to keep people safe.

Care records showed that a person had behaviour that challenged the service. There was no risk assessment in place to manage this behaviour. Staff were able to tell us how they managed this behaviour to distract the person by being friendly and suggesting tasks for the person which they liked doing. However, without comprehensive information in place there was a risk to the safety of the person and other people in the home. A risk assessment for another person stated the person displayed behaviour that challenged the service and that staff needed to alleviate any triggers that could upset the person. However, there was no information to explain what these triggers were. The registered manager said this would be followed up.

A risk assessment was in place for a person that was risk of developing pressure sores. It stated that the person needed to have regular repositioning. However, it did not specify how often this needed to be done, which was a risk to the person's health. The registered manager said this information would be added to the risk assessment.

Another person was assessed as at risk of having falls. The risk assessment stated there should be consideration to involving the physiotherapist. However, there was no evidence this had been carried out. The registered manager said this would be followed up.

The registered manager told us that sufficient staffing levels were in place to keep people safe. She said staffing levels had improved to ensure there was always a staff presence in the lounge where people sat to protect people from falls.

Staff said that there were enough staff on duty to ensure people were always safe and that staffing had increased when needed if people's dependency needs had increased. We observed lounge areas during the inspection. We found staff present to ensure people were safe. Four people thought that more staff were needed as waiting times for call bells, on some occasions, were said to be approximately 20 minutes and this had caused toileting accidents. A person said, "Sometimes I have to wait for care as others are also in wheelchairs. Usually wait 10-15 minutes but it could be longer." A relative said, "Sometimes people have to wait up to 20 minutes."

The registered manager conducted an audit of call bell times and found that, in busy periods there were a small number of times where call bells had not been answered within 10 minutes. She stated that staff would inform people waiting of the situation so they knew staff would attend them as soon as possible.

Staff were largely aware of how to keep people safe. For example, we saw a staff member assisting a person to rise from their seat using equipment and reassuring them, and staff providing support to people walking to make sure they were safe. Staff told us that they would check equipment before it was used, such as hoists to safely move people. However, there were two occasions where brakes had not been applied to people's wheelchairs when they were transferred from the lounge seat to the wheelchair. In practice, the

manoeuvre was conducted safely but there is a risk of accidents occurring if brakes are not used. The registered manager informed us after the inspection that staff had been reminded to always use brakes.

We checked three staff records. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. One record showed that a staff member had an issue in the past. This had not been risk assessed to show whether there was any risk to people living in the home. The registered manager said this had not been carried out as the risk was minimal, but this exercise would be carried out in the future. This would then mean a robust system in place in the future to protect people from unsuitable staff.

Fire records showed that fire precautions had improved since the last fire officer's visit. Fire drills had taken place regularly. Fire tests such as testing fire bells and emergency lighting had been carried. Personal evacuation procedures were in place to ensure the risks to people were individually assessed. A fire risk assessment was in place though that had not been regularly reviewed to ensure any fire risks were managed and prevented. We found a corridor cupboard fire door with a sign "Fire door keep locked" was open, which was a fire risk. The registered manager took action to follow up these issues.

People we spoke with told us that they felt safe living in the service. One person said, "This place is alright. I feel safe here. A relative told us, "The home is safe. [Family member] gets safely hoisted into a special chair. Staff check …every two hours… The staff are very thoughtful and kind to everyone"

Risk assessments were available to identify issues in the premises. For example the use of specialist beds, protecting people from hot water, protecting people from falls from windows, safely moving and handling people and preventing people from tripping.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting concerns to other agencies but did not specify them. After the inspection, the registered manager swiftly submitted an amended procedure which contained this information.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, or to relevant external agencies if needed.

The home was clean, tidy and odour free. A relative told us, "I always find the home clean. [Family member] bedroom is clean. The bedlinen is changed. The room has a toilet and that is well kept." Infection control procedures were observed. Staff wore protective equipment when needed and knew how to maintain infection control.

People said they received their medicines. A person told us, "The nurse gives me medicine regularly…I have an abscess on my leg and nurse puts cream on it and it's getting better."

We observed medicines administration. The staff member administering the medicine encouraged the person to take it and stayed with the person until they had taken their medicines. Medicine records showed that people received their medicine as prescribed. Medicines were securely locked with medicine keys held by the person in charge. The medicine trolley was kept in a locked room and the room temperature was

recorded to ensure medicines were kept at the assessed temperature to ensure their effectiveness.

The registered manager told us that any lessons learned as a result of incidents or accidents were discussed by the staff team, either in handovers or staff meetings. We saw proof of this. Staff told us that lessons had been learned from situations.

Good

# Is the service effective?

## Our findings

People told us that their needs were met and their choices were respected. We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

People said that staff were skilled and well-trained. One person said, "They seem well trained." A relative told us, "From what I've seen, I think they are well trained. They work together."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "Everyone has a training plan and management make sure we do this. It means we are aware of how to provide good care."

Staff training information showed that staff had training in relevant issues such as fire and health and safety. However training on people's conditions such as stroke, epilepsy and diabetes had not been provided. After the inspection, the registered manager sent us confirmation that this training would be provided to staff.

Staff had undertaken induction training. The registered manager said that if staff were inexperienced they would carry out Care Certificate induction training. This covers essential personal care issues and is nationally recognised as providing comprehensive training. Staff told us that when they started work; they shadowed a more experienced member of staff so that they understood how to effectively meet people's needs.

We saw that staff had been appraised but had not received regular supervision sessions to discuss their work and any issues they had. The registered manager said this would be put in place.

People said that they enjoyed the home's food. A staff member said that there should be more variety of food and food should have more flavour. The registered manager said this would be looked into. We saw that drinks and snacks were readily available at all times. This prevented people suffering from dehydration and hunger. Staff were aware of people's nutritional needs. For example, they checked that a person had the ability to swallow food, so they did not choke. There were choices to each meal.

Staff ensured that people with specialist needs received their specialist check-ups with health professionals. People told us their health needs were met and people's records supported this.

Accident records showed that if a person had been injured, staff had made appropriate contact with emergency services to ensure that they were treated. This showed that people were provided with an effective service to meet their health needs.

The premises were accessible to people. However, signs were not displayed on people's bedrooms to give people direction as to where their bedrooms were. The registered manager said this provision would be considered.

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. We saw that not all staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The registered manager said staff would be reminded of mental capacity issues they needed to be aware of, as they had already received this training.

People's mental capacity had been assessed to ensure that people's capacity had been taken account of. Applications had been made to the relevant authority with regard to restricting people's choices in their own best interests. Staff told us they asked people for consent when personal care was provided. We observed this was the case.

Good

# Is the service caring?

## Our findings

People told us that staff were gentle when they helped them with personal care. They felt listened to and that staff were friendly and supportive.

Throughout the inspection we saw staff chatting to people, having a joke with them, reassuring them when they were anxious and greeting them when they came into communal rooms. They called people by their first names. They asked people if they wanted a drink and gave them a choice of drink. People said that staff stopped to speak with them when they had time. We saw this was the case. Staff got down to people's level to communicate with them more effectively. This showed that people were treated with kindness, respect and compassion and staff gave emotional support when needed.

People told us that they were involved in planning their care. One person said, "Staff ask me about the care I want." A relative said, "Yes, I'm aware of the care plan…If there is any change then staff talk with me and I have to agree to it. [Family member] needed an appropriate chair and that got sorted."

People who expressed interest in maintaining their religious practice said that this was promoted. One person said, "I'm Church of England…We have a chaplain here."

People's care plans showed that they were involved in decisions about how they wanted to live their lives. Residents meetings had been organised to give people an opportunity to put forward their views on the running of the service. Questionnaires were provided to relatives so they could again express their views on how they wanted the service to be run, though they had not been provided to people using the service. The registered manager said this would be carried out.

People told us that they exercise choice at all times. For example, what clothes they wanted to wear, what food they wanted and what time they wanted to get up and go to bed. They said that there were no rules that they had to abide by. People were given choices throughout the inspection visit. These issues showed that staff respected people's choices of lifestyle.

The literature of the service promoted people's rights. However, there was no information about ensuring people were not discriminated against, such as for race and sexual orientation. After the inspection visit the registered manager sent us amended literature which included these issues.

People told us their privacy and dignity were respected. One person said, "Staff knock on my door and they don't open the curtains till I am dressed." A relative said, "They respect what [family member] tries to say and take time and trouble to identify [family member's] needs. Nobody comes into his room without knocking on the door." Staff told us that they always knocked on people's doors and waited before entering. They closed blinds in bedrooms to maintain privacy and covered people when assisting with personal care.

People said that staff promoted their independence. One person said, "I am independent. I'm assessed for what I can do. I try to be as independent as possible. If something is impossible for me, I would know where

to go for help." This showed that people's independence had been promoted.

These issues showed that staff presented as caring, supportive and friendly to people and respected their rights.

Good

# Is the service responsive?

## Our findings

People were very complimentary about the personal care they received. They said it was personal to them. People felt that staff responded to their needs. One person said, "Overall I do get enough care. My shoulder is hurting so they are going to send a physio for my right shoulder."

We saw that staff members had a good understanding of people. They
responded to people's needs, such as a staff immediately assisting people when they called out.

Care plans contained valuable information to respond to people's individual needs. They included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do. This gave staff information about how to support people and to help them to live their lives in a way they wanted.

Staff told us that the manager asked them to read care plans. They said that information about people's changing needs had always been communicated to them through handover of information between staff shifts and recorded in people's care plans.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. There was evidence of the supply of alternative communication messages such as showing pictures to people to see what they wanted with regards to personal care, activities or food and drink.

People said they had no need to complain but if anything bothered them they had spoken to staff who had sorted things out quickly. One relative told us, "Never complained. I'd go to the manager if I need to talk to her. She is very easy going."

Complaints information showed that one formal complaint had been made for the previous 12 months. This had been investigated, a response had been provided to the complainant and action had been taken to deal with the issues. The complaints procedure was available, though this did not include all information on how to make a complaint. After the inspection, the registered manager sent us an amended procedure, which included all issues on how to complain to external agencies if the response from the service had not satisfied them.

Activities were arranged by an activity co-ordinator at the home. They carried out 1:1 work with people in the lounge throughout the day and organised a film in the afternoon. A spring fair was being organised. A relative said the coordinator spent time with their family member who stayed in their room, and supplied activities such as massage. Other activities were available such as dominoes, games, painting and group activities such as arts and crafts. Some people wanted to have a pet, such as a cat. There were no regular outings. The registered manager said these issues would be followed up.

People said that if they needed equipment, they had received it. One person said. "I have my own wheelchair. The doctor ordered it for me." A relative told us, "I asked for physiotherapy and the physio came."

Some people were receiving end of life care at the time of the inspection visit. Staff had received training on how to provide care for people in the last days of their life and said this had been useful in having discussions with people in this situation. Plans were in place which included people's wishes and the administration of controlled medicines for pain relief.

Good

# Is the service well-led?

## Our findings

The registered manager was well known by people who said she was approachable, friendly and always greeted them. They said any concerns they raised were sorted out by her. People said that they liked living in the home and that there was a good welcoming atmosphere. They were very complimentary of the care they received from staff. A person told us, "I'd give the home 10/10. I'm happy here."

People and their relatives told us that they would recommend the home. One person said, "Yes I would recommend it. The staff are the best thing in this place. The food is good." A relative told us, "The atmosphere is very positive. They are open and honest. The service is well organised. If anything goes wrong, they sort it out."

People and relatives all said they would recommend the home to others except one person who had concerns about the time it took for staff to respond to their call bell.

People said the service had an open and honest culture and was well organised. A relative said, "There is an absolutely wonderful atmosphere here." This was supported by the large number of positive interactions we saw between staff and management and people living in the home.

Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

Relatives received satisfaction questionnaires asking them about the quality of care, though they had not been supplied to people living in the service. The registered manager said this would be carried out. People had the opportunity to go to residents meetings to put suggestions forward about how the home was run. There were some suggestions put forward by relatives though no action plan was in place to take these forward. The registered manager said this would be carried out.

Staff told us that the management team were always available to speak with them at any time to help them in any way. One staff member said, "The manager does a fantastic job." Another staff member said that management were efficient and knew how to run the home in the best interests of people. Staff meetings had been held where issues were discussed including changes in care and any staff concerns. Staff had a voice in organising the home to the benefit of people living there.

Staff members we spoke with told us that the registered manager always expected staff to be friendly and approachable and treat people with dignity and respect. They all told us they would recommend the home to relatives and friends because the interests of people living at the home had always been put first.

The home had a registered manager, which is a condition of registration. The registered manager understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service. This included relevant issues such medicine audits, infection control audits and promoting health and safety and maintenance issues. Having quality assurance systems in place protected the welfare of people living in the service and indicated a well led service.