Your Health Limited

Rider House Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Rider House is a care home registered to provide accommodation with nursing for up to 41 people. The home is set in large grounds and the accommodation is spread across two floors. There is a central dining area with a number of lounges throughout the property.

People's experience of using this service: In most areas we found the home to be good although we did find some improvements were needed in the responsiveness of the service.

People did not always receive personalised care as staff were task focussed and had limited time to spend engaging in activities with people.

People were protected from harm. Risk assessments were completed and staff were recruited using safe recruitment practices. People received their medicine on time by staff trained to administer it.

People were protected from infection. The provider reviewed accidents and incidents when they happened.

People's needs were assessed in line with current guidance and staff received training relevant to their role. People were supported to maintain a balanced diet and had access to drinks throughout the day.

Staff worked with other agencies to deliver people's care and ensure access to healthcare facilities. People's care was delivered in the line with the Mental Capacity Act. The environment was being refurbished and areas modernised.

People were treated with kindness and involved in decisions about their care. People had their privacy respected.

People had access to a complaints procedure. People were supported by staff as and when they reached the end of their life.

The provider had a clear vision and the manager had developed an action plan to drive improvements

People were engaged in discussions about the service and the manager worked in partnership with others to ensure people had a say in what was needed.

The home sought to continuously learn and improve care.

More information is in the full report

Rating at last inspection: At the last inspection the home was rated as requires improvement (report published 28 September 2017) At this inspection we noted that many of the required improvements had

been made.

Why we inspected: This was a planned inspection carried out in line with our methodology.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well led. Details are in our Well-Led findings below.	**Good**

Rider House Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team considered of two inspectors, a specialist nurse, to review the clinical guidance 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, in this instance older person's care.

Service and service type: Rider House is a registered care home with nursing. It is registered to support older adults, people with physical disabilities and people with diagnosed dementia.

The service had recently appointed a new manager who we confirmed had submitted their application to register with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed intelligence we held on the service. This included the Provider Information Return (PIR) which providers are required to send us. The PIR includes key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications we received since the last inspection. Providers are required to notify us of specific events which include, safeguarding concerns, events that stop a service and deaths.

As part of the inspection we spoke with six people living at Rider House, and five family members. We spoke to 11 people who worked at the home. This included the manager, nurses, care staff and ancillary staff. We also spoke with a health professional who visited the service during our inspection and the quality lead for the provider. We reviewed the care plans for five people and four staff files. We looked at other records held in the home. These included medicine records, health and safety checks, audit reports, complaints and the staffing rota.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People were safeguarded from abuse and harm. One person told us, "I feel absolutely confident that I'm safe and well cared for. I have not seen or heard of any bullying"
•Staff told us they were confident in raising concerns. Staff had received training in recognising abuse and had access to the necessary policies and procedures. One staff member told us, "There is a whistleblowing policy in the office if we need to use it and if I was concerned about anything I would raise it."

Assessing risk, safety monitoring and management
•People had risk assessments completed in relation to their care needs and equipment they used, such as bedrails.
•The home had up to date fire safety documentation and equipment available. All persons had a Personal Emergency Evacuation Plan (PEEP) which provided instruction on the moving and assisting needs of each person, in the event of a fire. These were kept in an accessible place.
•Service records were in date and health and safety checks took place. Areas monitored included electrical safety, mattresses, wheelchairs and water temperatures.

Staffing and recruitment
•Staff were safely recruited using the provider's recruitment procedures. Staff's fitness to work had been checked and references from past employers were followed up.
• Although we did not see that anyone had to wait for their care needs to be met. We saw that staff did not have the time to speak with people outside of completing tasks. We discussed this with the management. The manager said this was under review and they were working with the provider to adjust the current dependency tool used. This was with the aim of increasing the staffing levels, as required.
•One relative told us, "Staffing is improving but we could do with a few more. A lot of residents need two staff and they get stretched"

Using medicines safely
•People received their medicine by trained nurses who worked to good practice standards. One person told us, "I'm on a lot of medication. The nurse gives it to me promptly. The doctor has reviewed my medicines and it's been invaluable"
•We reviewed the medicine storage area and found the space to be clean and well organised.
•We were told by staff that any medicine errors were followed up and competency assessments repeated when required.
•We saw clear and concise administration guidance in place for 'as required medicine'.

Preventing and controlling infection

•People were protected from infection by staff who had received relevant training and had access to protective equipment. We saw domestic staff working in the home throughout the day and maintaining a clean environment.
•Infection control audits had been completed and actions were taken to address any concerns found. Commodes in the home had been replaced and sluice areas were in the process of being refurbished. The manager informed us they were working with the regional infection control team to address any outstanding issues.

Learning lessons when things go wrong
•The manager reviewed accident and incident forms and took action when necessary to keep people safe.
•We identified one person who had experienced a high rate of falls. This person had been referred to the falls clinic for further support.
•The provider monitored that equipment was safe to use. We saw that action had been taken as soon as a problem had been identified.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's care needs were assessed and managed in line with the appropriate guidance. Assessments were carried out around key areas such as, nutrition, pain, tissue viability and cognition. Care plans were reviewed on a regular basis.
•People's needs were reviewed following discharges from hospital and adjustments to care plans made when required.
•Some care plans lacked detailed person-centred information. However, the manager showed us they had commenced a review of the paperwork which enhanced the information recorded.

Staff support: induction, training, skills and experience
•People were supported by staff that received training relevant to their role. One person said, "By the way they behave, through their manners and politeness I think they (staff) are trained well"
•One staff member told us, "They are really thorough with the training and you do all the training before you start."

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to maintain a balanced diet and offered drinks throughout the day. One relative told us, "My (relative) has started to have difficulty swallowing due to Parkinson's and a palsy. They are getting smaller cut up meals. They can't use the knife and fork and must be fed. As they were losing weight, they are now given more food throughout the day. To drink they have a beaker with a straw"
•Kitchen staff cooked fresh meals daily. Extra effort had been made with the presentation of meals for people on a pureed diet to make them look appetising and enable people to identify individual flavours.
•People have access to a choice of meals and cultural dishes are served. One person said, "I can get Caribbean food here." We did find one person who due to diet choices told us they didn't always have a choice of meal options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•People were supported to access professionals and other agencies in relation to their needs. One person told us "The doctors has been to see me. The home calls the doctor for me. I go to hospital visits by ambulance. My glasses were cutting into my nose and the optician came and I will be getting new spectacles"
•We spoke with a visiting GP who told us, "The home is organised and they always have the information I need, people are ready to see me when I visit and advice is followed up."

Adapting service, design, decoration to meet people's needs
•Rider House was going through a phase of refurbishment when we visited. We saw a copy of the refurbishment plan. We could see that the hairdressing space, bathrooms and bedrooms were being updated. We spoke with one person who was going to be moving in to a newly refurbished room on the downstairs level. They told us they were looking forward to it.
•Some bathrooms were out of action while awaiting work but this had not caused any impact to people.
•The manager advised that they had reviewed the environment with regards to providing dementia care. They would only admit people for whom the layout was suitable. There was some signage around the home however it was limited
•The outside space was accessible to people. People were planning on doing work in the garden and greenhouse when the weather improved.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•People's capacity was assessed and people were enabled to make decisions if possible. When people's capacity was impacted we could see that best interest meetings were held.
•Applications had been made to deprive people of their liberty. However none of the current applications had been assessed by the relevant team within the local authority.
•We checked the paperwork for the use of bedrails and could see that capacity was always considered. A person recently admitted had consented to the bedrails being in situ.
•Staff spoken with demonstrated an understanding of their responsibilities under the MCA.

Good

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

People were supported and treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity
•People were treated with kindness. The home recently held an Oscars ceremony where people had received awards for kindness to others, bravery at facing difficult challenges and taking on new ventures. Several people told how this was an appreciated event that brought people together.
•One relative told us, "The staff understand my (relative) and ask me about them. Staff cared a lot when (person) was upset at the death of their spouse."
•People were supported to access faith based services. One relative told us "My (relative) is Church of England. The canon from their church comes in once a month to give them communion."
•Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Supporting people to express their views and be involved in making decisions about their care
•People were asked their opinions and involved in making decisions about their care.
•One person told us, "My care plan is in the office. I did it with a nurse who chatted about what I needed".
•We observed many positive interactions throughout the day between people and the staff team. We overheard one conversation where a staff member broke down all the tasks being performed for a person with limited physical movement. Staff engaged the person in constant dialogue and sought their opinion whist giving reassurance.

Respecting and promoting people's privacy, dignity and independence
•People were treated with dignity. One relative told us, "If my (relative) wants anything they just ask and they fetch it. Their door is open and staff say 'Hi' before going in. When they are giving them a wash, they close the curtains and the door".
•We spoke with one person who had not been coming out of their room. They told us that the manager had been encouraging them to come out more and was supporting them to get a wheel chair which would increase their independence in and around the home. The person's relative told us this was having a beneficial impact on their relative building up relationships with other people living in the home.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection we identified the responsiveness of the service as good. At this inspection we have rated it as requires improvement as people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•We saw that people's basic needs were responded to during the day. However, we noted that the call bell system sounded a lot during the day and at times the alarm bell sounds escalated as they were not answered in a set time frame. We spoke with the provider about this who told us they had made a similar observation and were reviewing the staff dependency tool as well as the alarm systems effectiveness. We asked people about this and one person told us, "Staff come in a few minutes if I call." and a relative told us, "Staff try to be as quick as possible. They do their best."
•We observed that activities did happen in the home but we did not see a continuous plan in place that offered people a range of things to do that were meaningful to them. Several people spent the morning in the lounge with the television on but no one present was watching it and there was nothing else available. One relative told us, "I don't know if they have an activity co-ordinator but they could do with more activities."
•Staff appeared to be task focussed and had limited time to spend chatting and engaging with people. One relative told us, "When my (relative) is in a good mood, then they will talk to staff. But staff don't have time. Often there is no one for them to talk to." Another relative told us, "My (relative) is often the last to be got up in the morning and it might be after 10am when the staff get to them. This means if they have a morning visitor they end up leaving so care can be delivered."
•In the afternoon an external person ran a keep fit activity which people could choose to join in with and those that did were actively engaged.
•We were made aware of the managers plans to increase the level of activity and saw evidence of some of the activities being planned.
•Assessments and care plan documentation prompted staff to consider people's communication needs, preferences and characteristics protected under the Equality Act such as gender, religion, sexual orientation and disability. However, the level of detail was inconsistent.

Improving care quality in response to complaints or concerns
•People knew how to raise concerns. One person told us "I've no concerns or complaints. I'd complain to the person concerned first and then the manager."
•People's complaints were listened to and responded to. People, staff and relatives told us that the new manager actively resolved issues in the shortest time possible and kept them updated
•People had access to an accessible complaints policy that was available in reception. We saw a ' You said / We did ' notice board outlining any general concerns raised and actions taken. As well as a complaints log kept by the manager for anything that was confidential.

End of life care and support

•People were supported to remain at Rider House when they reached the end of their life. The provider collaborated with a local hospice and regular meetings were held to review the care delivered and ensure best practice.

•A recent in-house audit identified the need to develop advance decision care plans with people.

Good

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 previous inspection we found well led to be requiring improvement. At this inspection we found those improvements had been made. Medicines were being safely managed, the refurbishment of the environment had commenced, health and safety monitoring took place and actions were taken when necessary. At this inspection we found that the new manager had already identified the areas for future improvement and actions were already underway to progress those improvements. We have therefore rated well led as good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•People were supported by a manager who had a clear vision for the home and was making daily improvements to the quality of care people received.
•We received only positive feedback on the way the home was run on a day to day basis. One person told us, "The place is well run. I was a former nurse manager and know good practice when I see it". A person's relative told us, "It's certainly better since (manager) came. Its better organised. She's putting things right. I'm very fond of her."
•We observed that the new manager had taken time to get to know the people living in the home and was able to discuss improvements that were being made to each person's individual situation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The manager although not yet registered with the Care Quality Commission had completed their application and an interview with the commission was confirmed.
•The provider had clear governance systems in place which had been made more robust by additional audits and reviews carried out by the new manager. These additional audits were carried out in conjunction with the quality lead for the provider who confirmed there was a constant dialogue between the home and the wider organisation.
•We saw evidence that constructive feedback was shared and acted upon and cases were put forward when financial investment was needed.
•We spoke with staff who has been in post along time who felt the team worked well together and understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•We saw evidence that engagement with people, staff, and wider stakeholders had increased. Minutes of meetings were made available to us to review.
•Staff told us, "We have regular team meetings, handovers and communication is improving. We can all join in the discussion about what is happening in the home."

•One person's relative told us, "I've filled in a questionnaire. I go to every residents meeting. The menus were very samey and now we have more choices. I raised it at a meeting that some staff didn't smile or talk with residents and now they do"

Continuous learning and improving care
•Issues identified at the last inspection had been acted upon. At this inspection we found the manager to be aware of work that needed to be completed and had already developed effective action plans. We saw that the manager had developed these plans from in house audits but also from best practice guides produced by other organisations leading in the specific area such as, infection control.
•A clinical governance group had been proposed to stakeholders as a way of involving them in the on-going monitoring and development of the service.

Working in partnership with others
•The manager of the service understood the need to work in partnership with others and could demonstrate an active attempt to build relationships with stakeholders. We saw meetings with people, staff and relatives had increased since they came in to post.
•Contact was also made with the health and social care teams as well as organisations in the community. We could see that outcomes for people were being improved because of these connections.