Risedale Estates Limited

Risedale at Aldingham Nursing Home

Inspection report

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Date of inspection visit:
08 October 2018
09 October 2018

Date of publication:
30 November 2018

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection at inspected Risedale at Aldingham Nursing Home (Risedale at Aldingham) on 8 and 9 October 2018. The first day of the inspection was unannounced which meant the provider was not expecting us. We told the manager we would be returning to continue the inspection on the second day.

We last inspected Risedale at Aldingham in April 2016. At that inspection the service was rated Good. At this inspection we found the service remained good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Risedale at Aldingham is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Risedale at Aldingham Nursing Home provides accommodation for up to 74 people who need nursing or personal care due to physical or mental health needs.

The home is situated in the hamlet of Aldingham on the northern shore of Morecambe Bay and close to the market town of Ulverston. There are patio and conservatory areas and extensive gardens for people to use and staff and visitor car parking. The home has a passenger lift to allow access to the different floors in the home. The home has a range of equipment suitable to meet the needs of people living there.

The home is split into two separate units, Aldingham and St.Cuthberts. Aldingham is in a period building that has been adapted and extended for its present use. St Cuthberts is a purpose built unit designed to meet the needs of people who are living with dementia. Each separate unit has its own registered manager 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 2008 and associated Regulations about how the service is run.

We found that Risedale at Aldingham was constantly working to improve their service for the people who lived there and to find ways to move the service forward. At this inspection we also found the service was continuing to improve and demonstrated some characteristics of 'outstanding'. For example, the service was particularly skilled at caring for and supporting people and their families at the end of life, responding to changing needs and working with other professionals.

The home had been accredited with the Gold Standard Framework (GSF) for end of life care in care homes and had an end of life strategy to underpin its continued development. This rigorously accredited programme focused upon systems for using and developing high levels of holistic care at the end of a person's life. Relatives feedback was very positive and appreciative of this aspect of the service. Feedback we received made frequent reference to the professionalism, kindness and understanding of all the staff shown to people living in the home and their families.

People told us they felt safe living at Risedale at Aldingham and relatives expressed great confidence in the staff and management to keep their relatives safe and happy. The service was also very supportive of families and showed kindness and compassion as people dealt with difficult life events. We were contacted by relatives who wanted to tell us to tell us their experience of the service because they had been so impressed by the care their relative had received and they wanted to make sure we were aware of this.

The registered provider continued to improve the environment for the people who lived there. The building was well maintained and a clean and homely place for people to live. We saw that equipment in use was regularly cleaned and had been serviced and maintained safely. We observed people being moved by staff in a safe and dignified manner. Staff used the correct procedures.

People received their medicines in a safe manner. Medication audits were in place and staff had completed training on medicines administration and had competency assessments for this. Some as required medicines had not had stock balances carried forward for ease of monitoring and we made a recommendation that the service took advice and reviewed their procedure on this for more effective monitoring.

We found recruitment practices to be robust. In-depth induction programmes were provided for all new employees and a wide range of training modules were available for the staff team. Great emphasis was placed on supporting all levels of staff to develop their potential and to undertake training to advance their professional qualifications, knowledge and skills to provide a consistently high standard of care. Having such a skilled workforce that worked closely with local healthcare professional had a positive impact on people because we saw evidence this reduced unnecessary hospitalisation.

The home had a well-researched and evidence based system for the planning of people's meals to meet different nutritional requirements and diets such as pureed food. People who lived there, who could comment, made very positive comments about the standard of food as did relatives. One person described the meals as "gorgeous".

The service had an effective safeguarding policy and staff had undertaken safeguarding training and could explain the process. The staff team were confident in reporting any concerns about a person's safety or wellbeing of anyone in the home. We observed the daily routines and practices within the home and found people were treated equally and their human rights were being promoted.

There were processes in place for reporting incidents and we saw that these were being followed. However, there were three incidents that we had not been notified about and this was explained to us by the management team as a genuine mistake. Immediate action was taken by the registered providers to review and amend their guidelines on notification of incidents and their protocols for managers to make sure that there were no areas of ambiguity that might lead to misinterpretation.

Staffing levels were consistent and flexible to meet changing needs. The staff team worked well together and had the skills, knowledge and experience required to support people with their care and social needs. Registered nurses were available to support people's day to day nursing needs.

The registered managers understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they worked within the law to support people who might lack capacity to make some of their own decisions. People who lived in the home were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice. Discussions had taken place to

involve people, relevant others and medical professionals in decisions made in someone's best interest but for one person it needed to be clearer who all the participants were. The registered managers corrected this straight away. .

People were supported to express their views and supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. Quality assurance systems were in place to monitor the quality and running of service being delivered. People that lived in the home and relatives were asked for their views on the service formally as well through informal discussions with people and their relatives about their care and ideas for the home.

We saw there was a very positive and supportive culture within the service. The management team provided strong leadership and led by example. Relatives, staff and other agencies were very positive about the leadership of the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service was extremely responsive and has improved to outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Risedale at Aldingham 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 comprehensive inspection took place on 17 and 18 September 2018. This visit was carried out by two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We looked at information we had from those who commissioned the services and the local authority. This was to help us in gaining a clear picture of the service provision. We also reviewed safeguarding information and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law.

The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a people about the service. This included seven people who lived at the home, five visiting relatives, the two registered managers, eight members of the nursing and care staff, a member of laundry staff and a member of domestic staff, the service's occupational therapist, a community health professional and a medical practitioner. We spoke with the Director of Nursing on their return from annual leave. We also received comments from people who used our website to share their experiences of the service.

We looked at care records of seven people who lived at the home and at the risk assessments and daily notes relating to those plans. We also looked at records relating to the management of the service. These

included audit records, policies and procedures and accident and incident reports. We looked at the recruitment records of seven members of staff recruited since the last inspection and the induction and training records of staff who worked in the service. We looked at the records of medicines and we checked on the quantity and storage of medicines in the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We observed how staff supported people who used the service and used the Short Observational Framework for inspection (SOFI) on both units. SOFI is a way of observing care to help us understand the experience of people who could not easily talk with us.

We used a planning tool to collate all the information we held about the service prior to visiting the home.

Good

Is the service safe?

Our findings

People who lived at Risedale at Aldingham and their relatives spoke very positively about the staff and the care and support they provided from them. People told us they felt safe living at the home. We were told, "I am happy here" and also "They [staff] take good care of me." People we asked told us they felt "safe" and "settled" living at the home. A relative we spoke with told us," I can go home and know [relative] is happy here and safe. I feel I don't have to worry because she is with people who will spend time with her and give her a cuddle."

We observed people being moved in a safe and dignified manner. Staff used the correct procedure whilst moving and handling and explained what they were doing as they assisted people. Hoists were in use but we noted that some people did not have their own sling. We asked the registered manager on Aldingham unit about this and were told that if people had a known contagious condition or infection they had their own sling of the correct size and appropriate to their needs. Slings are classed as a medical device and sharing these devices increases the risk to people of cross infection occurring. The registered managers began to do this during the inspection so that everyone had their own sling.

Medicines management was safe and staff had undertaken appropriate training in medicines administration. Arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Quantities of medicines were being carried forward for stock monitoring apart from some as required medicines. We referred this to the registered manager and recommended that they review this procedure to promote better monitoring. We also looked at the handling of medicines liable to misuse, called controlled drugs and found these to be safely managed and stored.

Accidents and incidents were recorded and monitored including environmental risks as well as risks associated with health, wellbeing and lifestyle choices. There were individual risk assessments, such as, skin integrity, falls, nutrition and for the use of equipment, in people's care files. The service had its own moving and handling supervisors and a complex care and health and safety manager to provide specialist support and training to staff.

Records available showed that systems and equipment had been serviced in accordance with manufacturers' recommendations and a wide range of internal checks had been conducted, to ensure they were continuously fit for use. We found the environment to be well maintained, clean and hygienic throughout. The service had 24 hour maintenance cover to make sure any maintenance needs could be addressed quickly to keep people safe. Staff, were trained in and followed infection control practices, by wearing gloves and aprons when providing personal care

A contingency plan was in place, which provided staff with guidance about action they needed to take in the event of foreseeable emergencies. A risk assessment and procedure was in place outlining the action staff needed to take in the event of fire. Individual Personal Emergency Evacuation Plans (PEEPs) had been developed for everyone who lived in the home to show how people should be assisted from the building in

the case of evacuation being necessary. These systems helped to protect people from harm.

We looked at the staff files of seven new members of staff and they showed safe recruitment checks were carried out before staff started to work at the home. We saw the records held a full employment work history, references from previous employers and they had completed a disclosure and barring check (DBS) prior to being employed.

Rotas indicated that staffing levels were monitored across both units and adjusted according to the needs of the people who lived in the home. A formal dependency tool was not in use but the registered managers kept staffing under constant review and made adjustments in line with people's changing needs, such as at the end of life, for taking people to appointments and to support them in social activities and interests. The registered managers in the home had the autonomy to adjust staffing levels as their reviews indicated. This helped to ensure people were supported safely and effectively. There was a 24- hour on call system in place that provided additional support for the staff team, if needed.

Staff we spoke with felt there was sufficient staff and that the registered managers, "Always get extra staff if we need them and always get cover if someone goes off sick". A staff member told us "There are generally plenty of staff, I can go home tired but that's because I get the time to do my job properly and look after people properly."

The service had an appropriate safeguarding policy and staff had undertaken safeguarding training for vulnerable adults to be able to recognise and act on any concerns about people's safety. There had been no recent safeguarding incidents. Staff we spoke with understood their responsibilities to keep people safe and how to pass on concerns to the right agencies to protect people.

Good

Is the service effective?

Our findings

People who lived at Risedale at Aldingham received care and support with their consent and according to their wishes.The registered managers of the home had a good understanding of the Mental Capacity Act 2005, (MCA) and how to protect people's rights. 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.

We saw that staff sought verbal consent for all interventions during the time we were in the home. We heard staff asking people if they required help and respecting their wishes and choices. Staff told us that they always explained to people and asked for their permission before they did anything for them and asked them about choosing their clothes, what they wanted to eat and what activities they wanted to do. There were appropriate consent forms within care files that were signed by the person who used the service or, where appropriate, their representatives. We saw evidence of MCA assessments and that where the person lacked capacity for a particular decision the best interest's decision making processes had been followed. For example, when completing a Do Not Attempt Resuscitation (DNAR) form for an individual. Discussions had taken place to involve people, relevant others and medical professionals in decisions made in someone's best interest. However, for one person all the participants in the discussion had not been made clear. The registered managers addressed this straight away.

There was a strong emphasis within the home on the importance of people eating and drinking well. The staff team had received training in relation to nutrition and hydration. Drinks and snacks were available throughout the day and we saw that assistance was give where necessary. The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good. People's nutritional needs had been appropriately assessed and nutritional risks had been addressed with the involvement of appropriate professionals, such as dieticians and the Speech and Language Team (SALT). However, we noted one person who was assessed as at a "very high risk" of choking and had experienced choking episodes but were not having their diet recorded and monitored. We pointed this out to the registered manager for the unit and they addressed this oversight straight away.

The service had an ongoing nutritional programme in place, the 'care to eat project'. The main aim of this evidence based programme was to improve people's quality of life and their safety regarding fluid and diet. The home had used a private dietician to help improve menus and nutritional standards and had used a consultant chef to help make menus more nutritionally balanced according to individual needs. The service has developed the role of 'nutritional link staff' to develop the home's high nutritional standards. The service was implementing the 'International Dysphasia Diet Standardisation Initiative' (IDDSI), this is a global

initiative that introduces standard terminology to describe texture modification for food and drink. We observed that appropriate crockery was used to help make sure that specialist diets were easily identifiable by staff to help make sure people with swallowing difficulties received the correct diet.

A relative contacted us to tell us that "My [relative's] quality of life has improved, they have put on weight, which they needed to, and it's all due to the gorgeous food provided." Another relative we spoke with told us, "[Relative] really loves the food, they have it cut up very small so it's safe for them. They have even offered me lunch or a sandwich. The staff here are really brilliant."

We looked at the staff training records which showed that staff were given a range of training relevant to their roles and there were opportunities for additional training in areas of specific interest, and also leadership training and continuing professional development. There was a strong emphasis on learning and development and supporting staff to achieve their potential. The registered provider had a staff training centre and provided their staff with a range of training. They also supported staff who wished to study for professional qualifications including as assistant practitioners and as registered nurses. We identified that the service had an established and settled staff team, who were well trained, confident and knowledgeable.

They service had well established induction training programme to make sure staff they had the skills, knowledge and practical expertise required to support people with their care needs. Records showed that all staff had completed a programme of induction training when they started working at the home and a period of mentoring by more senior staff to help their safe development. All new care staff were enrolled on the Care Certificate training programme. [The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life]. All the people we spoke with said that the staff were extremely knowledgeable about their personal preferences and needs.

We saw that the service had worked collaboratively with other agencies and made referrals appropriately. Information about joint work with agencies such as dieticians, speech and language therapy team (SALT), the tissue viability nurse, occupational therapists, physiotherapists and district nurses was clearly documented in people's care plans. A healthcare professional we spoke with during the inspection told us, "I have never had a sense of not working really well together here, we have a very good working relationship and I very much feel I am part of the team here."

People's bedrooms had been decorated in a way people chose and contained lots of personal belongings to reflect their lives and interests. We could see that improvements had been made to make lounge areas on the St Cuthbert unit so that they were more open and light with easy access to a secure courtyard that people could use to get fresh air and sun. There was access in both unit to small kitchen areas and lounges and dining areas for people to use and conservatories that were light and airy. There were also more private sitting rooms if they wanted to spend time in private with their families or friends.

Good

Is the service caring?

Our findings

Everyone we spoke with described staff attitude and care delivery as being of the highest standard. Surveys and written compliments sent to the home showed staff were very caring. One comment said, "The friendly staff make you feel like you are part of a big family."

A relative we spoke with commented, "This feels like a proper home, the staff are so relaxed and kind, they have a lovely way with them, we can have a laugh with them and I know they always do that bit extra." Another relative we spoke with said, "I will admit I was worried when [relative] had to come to live in care but it's been great here, I know [relative] is loved here." All the relatives we spoke with told us they would "definitely" recommend the service to others.

A relative contacted us using the CQC website to tell us their experience of the caring approaches in the home. This included, "Since [relative] moved here I no longer worry about them as I did, I relax in the knowledge that she is being cared for in the best possible place with the best possible people."

During our visit, we spent time in communal areas with people who lived at the home to observe the daily routines and gain an insight into people's care and support. We saw that staff interactions towards people who lived at the home centred upon respect and dignity. We saw that staff showed appropriate affection, with hugs and physical reassurance and the chatter was friendly and good humoured. People living in the home were clearly very comfortable in the presence of staff members.

People's privacy and dignity were respected. We saw staff always knocked on doors before entering people's rooms and bathroom doors were kept closed whilst support was given. We heard staff addressing the people they were supporting respectfully, using their preferred names and when talking to them bent down to do so at eye level. Staff told us they had received training on the importance of maintaining people's dignity, privacy and confidentiality and showed patience and understanding of people living with dementia.

Staff and management recognised the importance of family and friends. People's personal relationships, beliefs, likes and wishes were recorded in their care plans and staff we spoke with knew about these and respected people's family and personal relationships. Staff demonstrated a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships before they came to live there.

Relatives told us that were kept updated about anything affecting their relative and one commented "I feel we [family] are part of the home too." Relatives told us they were made welcome when they visited and that staff made themselves available should they want to speak with them. Relatives confirmed our observation that staff respected people's rights and individual choices and people's care plans contained clear information about people's preferred daily routines.

We saw that people who lived in the home had been consulted and involved in making decisions regarding their bedrooms and in any redecoration of their own rooms. Bedrooms we saw had been made personal

with people's own belongings.

We saw that people's care records were written in a positive way and that people were supported to maintain their independence and control over their lives as far as they were able. The registered managers knew about local advocacy services that could support people to express their wishes if they needed this. Advocates are usually an outside service not connected with the home who can support people to make decisions or to express their views.

Outstanding ☆

Is the service responsive?

Our findings

We observed that Risedale at Aldingham was an extremely responsive service that had a positive impact on the quality of people's lives and their well-being. People who lived in the home and their relatives' comments confirmed this. One person who lived there told us that since coming to live at the home they had gained weight and they felt the support they had been given had improved their mental health and that their awareness of their surroundings had improved. They told us "I am so much better since coming here, it's a brilliant place, I am well cared for and the staff are lovely." A relative contacted us to say, "All staff give me full confidence that my [relative] is being cared for to very high standards."

Relatives told us the service felt "homely" and "welcoming" and their comments indicated that they clearly appreciated the inclusive atmosphere in the home. One commented, "It feels as if everyone is part of a big family." A relative told us "Since [relative] came here I have been really amazed at how much they have done for [relative], they [staff] sit and talk with them and always phone me to tell me how they are and about their day if I can't get in." Another relative commented "I cannot fault the atmosphere and care here, [relative] has been in two other homes and this one gives the very best care to us all. This home has exceeded our expectations, they [relative] are so well cared for, they have gained weight, their skin is good, bathes when they want, the hygiene is good and there is a smile on their face again."

A relative contacted us to tell us their experience of the service because they had been so impressed by the care their relative had received and wanted to make sure we were aware of the reasons why. They told us that when their relative came to the home they were "Very weak and quite poorly, but I saw an improvement after only a few days due to the exceptional care given by the staff of Risedale. The staff here are, quite honestly, amazing. Everything [relative] needs is given, physical care, compassion, understanding, companionship and stimulation, their quality of life has improved, has put on weight and has been out on trips, and taken part in activities."

Comments about the service from relatives were consistently positive about how the service had identified and responded to people as individuals and to family needs as well. One relative contacted us to say, "There have been a few ups and downs with [relative] health, but these have been well managed by the team here, liaising with her GP when necessary. I am always kept informed about [relative] care and consulted about any decisions. I feel comfortable asking about anything whenever I visit and the staff have also comforted me when I have been upset." Other relatives we spoke with during the inspection told us they felt "really included" in their relatives lives and that they came in for review meetings and went through the care needs with staff. Another said, "We are always included in any changes, such as medicines, we have power of attorney and they [staff] always run things by us and include us in any changes being made."

Most of the people who lived in the home had complex personal and nursing care needs and the majority were living with dementia at different stages of the disease process and found it difficult to communicate verbally with us about their life in their home. We spent time on both of the units in the home using our observational methods to see how people spent their day, how staff interacted with people and the opportunities people had for social interaction as well as the general atmosphere. We observed that staff

worked hard to understand people's behaviours and to anticipate and respond positively and appropriately to people. Support plans had been developed in line with that approach so staff used techniques to divert and involve people in things they liked when they became distressed or anxious, this included using music, one to one and tactile diversions. Staff were clear that this worked better for some people than others but they knew the people they supported well and adapted their responses to manage situations that arose unexpectedly. As a result, we observed that the units were generally calm and relaxed as staff were proactive and responsive to people's actions and non-verbal cues.

Risedale at Aldingham supported some people with life-limiting illnesses and staff were experienced and skilled at providing an empathic approach to caring for people who lived there at the end of their lives. We found that the registered managers and staff worked very hard to understand what was important to people and families and to ensure their wishes were met. Since our last inspection the service had been fully accredited with the Gold Standard Framework (GSF) for end of life care in care homes. The well-recognised GSF and rigorously accredited programme focused on systems change within a service that are centred on the highest standards of end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. We saw from the systems in use, staff training and joint working with other organisations that the service was doing this in practice. The approach being taken meant staff responded quickly to changing health needs and had been effective in reducing people being transferred to hospital for care when they wanted to stay in their home with familiar staff and surroundings at the end of their life.

Since our last inspection the service had continued to improve and expand their knowledge base and practices to provide responsive palliative and end of life care and emotional support to people who lived in the home and to their families and to develop more seamless care. This included taking their practical expertise in end of life care outside the home and collaborating with the local hospice in training programmes and joint working with the hospice education facilitator. This collaborative approach helped the service keep up to date with best practice and ensure access to expert advice as well as passing on their own practical knowledge and good practice. An additional effect of a very individualised and holistic approach being to care at the end of life meant that the knowledge and skills involved in holistic care were transferrable to all others areas of care and to the highly individual needs of people living with dementia. The holistic approach the service had embedded meant that emotional and psychological support was seen as equal with people's physical and treatment needs whatever their conditions.

The service had also developed structured end of life strategy and an integrated approach to making care decisions in advance that were coordinated by an end of life lead. The home's end of life lead also took part in of the recently formed University Hospitals of Morecambe Bay Trust (UHMBT) strategy meeting where they represented homes across the Trust in relation to end of life care and helped drive improvement. The service had well established end of life champions and link staff who have a specific interest and additional training in that area of care. These roles are central in establishing best practice in a home, sharing knowledge and supporting staff to provide people with good care and treatment. Seven members of the home's 'End of Life Link Group' were advanced facilitators for advanced care planning and communication and this promoted best practice in the home. All the home's shift leaders had been trained in the GSF and in integrated approaches to making care decisions. Speaking to the registered managers and staff we could see that they were passionate about and proud of the highly individualised and person-centred approach being taken to supporting people and families as their health deteriorated and they approached the end of their lives.

Staff recognised that people dealt in different ways with their grief and had supported families in a personalised way. We looked at feedback received from families whose relatives had passed away in the home and saw these indicated a high level of satisfaction and appreciation of the high standard of

bereavement care given to families at a very difficult time. These comments frequently referenced the gratitude families felt for the high standard of care provided and the professionalism, kindness and understanding of the staff. Feedback also noted the compassion, the love and patience families saw displayed towards loved ones and to themselves. The home had a 'hospitality room' for families to use and sitting room facilities that that allowed families to stay and be close to loved ones during the last days of their life. The used a special 'comfort box' for supporting people at the end of life, with useful items for staff and family to use, such as mouth moisturising swabs, soft toothbrushes, tissues, wipes, sprays and information to help families understand what was happening. This allowed families to feel they could actively be part of caring for their loved one. The home's staff had taken this valuable tool when they went to help train staff in hospitals, other care homes, the hospice and voluntary groups. This work and development was to help spread best, evidence based practice as widely as possible to improve end of life care across their region.

We received very positive comments about the way the staff supported people with their treatment and health care needs from medical and healthcare professionals who visited the service. One commented "Predicting changes is hard with people with such complex needs but staff know them really well will always say if something does not feel right, they are very good at spotting even small changes that can make a real difference to someone's health." Another told us, "There are some people here with very high levels of need here and some very complex individual needs but staff manage that really well. They [staff] have always responded straight away to anything I have advised or requested they do." A visiting professional who assessed if people's funding continued to meet the person's needs commented that they found staff were very "responsive" when demonstrating people's progress and the value of treatments.

The registered providers and management team looked for ways to try to make their service even more responsive to changes in people's treatments. One of the registered managers was undertaking a course for nurse prescribing. They were receiving mentoring from the GP who worked closely with the home and who visited weekly to review and make any changes to treatment. This expansion of the nursing role would improve the speed with which the service could respond to changes by allowing quicker access to medicines when change was needed and therefore smoother service delivery for people.

Care plans we looked at gave an accurate picture of people's individual needs and preferences and been regularly reviewed to help make sure they were kept up to date. We found risks for people were reduced because the home's two registered managers had completed holistic assessments with them and/or their representatives and took information from medical and social care professionals before and following admission. We saw that budgets were allocated to make sure appropriate equipment and furnishings were available to meet people's different needs. A programme had been implemented for the replacement of some of the specialist seating people used to make sure people had seating that suited their changing physical needs.

Staff spoken with were very knowledgeable about the emotional support people in their care required and about their lives, interests and their families. The staff team worked together to ensure people were treated as individuals and that they provided the best care and support. People's preferences, cultural and spiritual needs were made clear in their care plans and were respected. Religious services were held on religious festivals and people could go out to religious services or have visits from their own ministers or priests whenever they wanted. At the time of the inspection no one in the home followed another faith than the Christian one but the registered managers were clear they would do whatever was needed to support anyone to maintain and follow their faith and beliefs.

The service had taken steps to promote the accessible information standard by making changes to

documentation to reflect this. During pre-admission assessments any disability, sensory loss or impairment were identified. Staff who led shifts had an information pack with relevant guidance and contact for agencies/services that could give help with making sure everyone who needed it could get information in formats that were suited to their needs. A comments, compliments, suggestions and complaints policy was in place, which was easily accessible for anyone who needed it. The home's complaints procedure was available in braille, large type and easy read formats.

Relatives told us, "I have absolutely no concerns about the way [relative] is cared for and nursed here" and also [Relative] has lived here for 10 months now and I cannot complain or criticise anything. Their quality of life has drastically improved." We saw people who lived there and relatives were confident to raise any day to day concerns by speaking to staff who dealt quickly with any concerns resolved. Relatives confirmed anything they had raised, even if it was a small detail, had been addressed straight away.

There were two enthusiastic activities coordinators working in the home and they facilitated a programme of organised daily activities over the week and at weekends. However, we observed all staff engaged with people and encouraged them in meaningful activities and on one unit, where people were more able, we saw impromptu singing and dancing and lots of chatter and laughter as staff joined in with people who were doing what they enjoyed. A relative told us, "[Relative has been taken out to go shopping and they absolutely loved it as they haven't done that in years." Another relative said, "I find there is very good attention paid to general activities collectively and one to one. [Relative] gets lots of individual one to one contact and the positive result is obvious in my [relative] being so content and settled here."

Policies and procedures of the home demonstrated that people were protected from discriminatory practices, irrespective of their beliefs, gender or race. This approach helped the staff team to be sure that they could meet people's individual needs when they came to live at the home and promoted their rights, safety and well-being. We saw that staff had been trained in promoting equality and diversity in the service. Speaking with staff we saw how they valued the uniqueness of the people they cared for and looked for ways to engage with that in conversation and in their chosen activities.

Records were kept of any activities all the people who lived in the home people had participated in or interests they had pursued and if they had enjoyed or benefited from them. Records demonstrated the service had sought to improve people's quality of life by responding to individual wishes and for people living with advanced dementia this meant spending time on a one to one basis and on what held meaning for them. This could be helping someone to go out in the surrounding area, or sitting with them spending time looking at their pictures and talking about family and the times past they recalled so clearly. One person who was living in the home had missed keeping chickens and staff organised for them to be supported to hatch and rear chickens until they were large enough to return to the open. This individualised approach helped people to have a special memory or recall things that had held meaning for them and enabled them to participate in a life-affirming events that mattered to them.

Some people who were more physically able had gone on a cruise in the Lake District, there had been beer and snacks evenings for everyone when the World Cup was playing, an Elvis impersonator had come to entertain when people had asked for this. People who lived there told us about a recent trip to the new local police station. Two people had worked in the police force and were keen to see the new station so a trip was arranged for them and others who expressed an interest. Staff, and those taking part, told us what a success this had been with people referring back to their former occupations and experiences with enthusiasm.

People who lived in the home remarked on how well kept the gardens were and told us they had used them a lot in the summer, going for walks and when the home held its annual fair in the grounds, that involved the

local community and the people who lived in the home. The grounds had also been used for a vintage motorcycle display a relative had organised for the people living in the home. There were trips out for all people who lived in the home to local places of interest they knew and liked and musical and theatrical events that people wanted to see as well as in house activities such as quizzes, food tasting, ball and board games one to one pamper sessions, singing and crafts. Whatever the activities coordinators were doing with people we noted they organised it so that people living with dementia were included and participate in some aspect if they indicated they felt comfortable doing so.

Good

Is the service well-led?

Our findings

We found there was a positive culture within the service. The management team provided strong leadership and led by example. Relatives, staff and other agencies were positive about the leadership of the service. People living at Risedale at Aldingham, their relative's, the staff we spoke with and professionals all told us that they were very satisfied with the care and support being provided in the home and the way it was being managed. A person we spoke with who lived in the home told us, "The manager [on the unit] is fantastic, she doesn't act like a boss, she has a really good relationship with us and all the staff and they really respect her." A relative told us, "They [manager] is always about on the unit, very easy to talk to and seems to be genuinely interested in what I have to say, more important they get things done."

We spoke with visiting healthcare professional during the inspection who told us, "The managers are good, good organising skills, good staff team and they both know the residents and relatives really well." Staff also spoke highly of the registered managers. We were told, "It's a lovely place to work, good team" and "Very good support from the managers and the directors. If you are struggling you get support and extra training, there is no blame culture and I feel I am valued as part of the team." Staff meetings were being held to provide an opportunity for open communication and discussion. Staff had daily handover at shifts changes to help make sure they had accurate and up to date information about people's needs and about any changes they needed to be aware.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the health and safety manager to identify any patterns that needed to be addressed. However, on examining the home's records of accidents and incidents we found three incidents that we had not been notified about but should have been. We had been notified about all other notifiable incidents required under regulation but not this small number. Failing to notify us about these incidents was immediately investigated and explained to us by the management team and the Director of Nursing. The explanation indicated that the oversight had been the result of a genuine error. Immediate action was taken by the registered providers to review and amend their guidelines on notification of incidents and their protocols for managers to make sure that there were no areas of ambiguity that might lead to misinterpretation happening again. By the second day of the inspection this had been addressed across all the home's in the organisation to prevent the risk of such an omission occurring again. The speed with which this amendment to protocol was implemented indicated a responsive system that learnt from mistakes.

We looked around the home and spent time in communal areas and found there was a warm, friendly and homely atmosphere. The registered manager and staff demonstrated an excellent value base and people were clearly happy and well cared for. We saw that an effort was made to include people in the day to day running of the home through general communication and managerial presence on the units. People who lived at the home were being provided with the resources needed to support their care needs. Staffing levels were flexible and maintained at a consistently high level high and this meant staff could spend quality time with people to meet their support and social needs and keep them safe.

There was a registered manager in post for each of the two units that made up the home to provide a high level of managerial oversight across both units. 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.

Quality assurance systems were in place to monitor the quality and running of service being delivered. People living in the home and relatives were being asked for their views on the service formally as well through informal discussions with people and their relatives about their care and ideas for the home. The last satisfaction survey in May 2018 showed a high level of satisfaction on service provision and the findings of the survey were shared with people in the home and their relatives. Formal audits were undertaken to assess compliance with internal procedures and against the regulations. We could see that where issues were picked up prompt action was taken to make improvements and learn from any mistakes. The directors and senior managers of the organisation also made regular visits to the home, both announced and unannounced, to monitor practices and speak with staff, people who lived in the home and their visitors.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. Where any actions had been required these had been noted and addressed by the provider.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. Records maintained at the home showed that people had access to all healthcare professionals as and when required. There were also links with other organisations for guidance to staff and people living in the home, such as a local hospice and higher education establishments.

The service displayed in the reception area of the home and on their website their last CQC rating so people could easily see it. This has been a legal requirement since 1 April 2015.