

Rathside Residential Care Home Limited

Rathside Rest Home

Inspection report

41 Gainsborough Lane
Scawby
Brigg
South Humberside
DN20 9BY

Tel: 01652652139

Date of inspection visit:
10 January 2018

Date of publication:
08 February 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 January 2018, and was unannounced.

At the last inspection on 8 June 2017 we found the quality monitoring undertaken by the provider had not been effective. There were issues with fire safety, infection control and medicine management which had not been identified prior to our inspection. This meant the service was not always well-led and demonstrated a breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection improvements had occurred.

We undertook this focused inspection to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rathside Rest Home on our website at www.cqc.org.uk.

Rathside Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rathside Rest Home is registered to provide residential care to older people. It is registered to provide care and support for up to 32 people, some of whom are living with dementia. The service is located in Scawby, near Brigg. Accommodation is provided on two floors with communal areas provided on each one. The ground floor is used to provide accommodation for people living with dementia; the first floor accommodates people who require help and support with personal care. There is a small car park at the front of the service for visitors to use.

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

We found fire safety, infection control and medicine management was robustly managed at the service. People we spoke with told us they were safe living there.

Staff protected people from harm and abuse and staff understood how to report concerns to the management team, local authority and Care Quality Commission, which helped to protect people.

Staffing levels were monitored to ensure there were enough skilled and experienced staff on duty to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills.

Staff recruitment procedures were robust. Accidents and incidents were monitored and emergency plans

were in place to help to protect people's health and safety.

Medicines were effectively monitored and managed. People received their prescribed medicine in a timely way and by staff who had undertaken training in how to undertake this safely.

We found general maintenance occurred and service contracts were in place. The management team were open and transparent and listened and acted upon people's views. The provider looked at how improvements could be made and what new systems could be implemented to maintain or develop the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. We found that action had been taken to improve safety.

Robust systems were in place for fire safety, infection control and medicine management, which helped to protect people's wellbeing.

Staff recruitment was robust. There were enough staff provided to support people's health and safety.

Audits and maintenance checks were undertaken to help to protect people's wellbeing.

Is the service well-led?

Good ●

The service was well-led. We found that action had been taken to improve the service.

Quality assurance systems had been strengthened and issues found were corrected to help to maintain or improve the service.

The management team were approachable and asked for and acted upon feedback that was received.

Rathside Rest 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 was 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.

We undertook an unannounced focused inspection of Rathside Rest Home on 10 January 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 8 June 2017 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by one adult social care inspector.

During our inspection we spoke with the provider, with a senior carer and with two people living at the service. We undertook a tour of the service and looked at fire safety, infection control and medicine management at the service. We looked at the bathroom and bath hoist equipment and bathroom fan. We inspected all of the medicine management systems in place and looked at ten people's medicine administration records. We inspected all the checks and audits that had been undertaken since our last inspection. We also looked at the notifications we had received. We reviewed all of this information to help us make a judgement about this service.

We looked at the action plan that the provider had sent to us following the last inspection. It told us the issues we found had all been addressed and that continuous, monitoring was in place to prevent any re-occurrence of the issues we had found.

We spoke with local commissioners to gain their views about the service prior to our inspection. We received

positive feedback from them about this service.

Is the service safe?

Our findings

During our last inspection in June 2017 we found issues with fire safety, infection control and medicine management. Following the inspection, the provider sent us an action plan confirming how the issues had been rectified.

During this focused inspection we checked to see if the required improvements that had been made had been maintained.

We found all bedroom doors were held open by noise activated door guards, where this was required. The bathroom expel air fan had been replaced. This helped to maintain fire safety at the service. The provider confirmed they had assessed all the bedroom doors following our inspection and fitted more noise activated door guards to other people's rooms in order to reduce further potential risk at the service.

We looked at the communal bathroom. We found the bath hoist seat that had two small cracks and a foam arm rest cover that was damaged at the last inspection had been replaced immediately after our last inspection. We saw the replacement was of a superior design to ensure this issue could not occur again. The seat was easy to clean, which allowed infection control to be maintained.

At our last inspection in June 2017 we made a recommendation the provider follow current good practice guidance relating to the storage and recording of medicine. This was because the temperature of the medicine storage room temperature was above 25 degrees centigrade, the medicine storage fridge required a new thermometer, a member of staff had not signed three people's medicine administration records (MAR) for one medicine round and one person's controlled medicine [pain relief patches] had not been kept in the boxes they had been dispensed in.

We inspected the medicine management systems in place during this inspection. We found medicine was stored appropriately with adequate ventilation present. We found staff undertook daily temperature checks of the storage room and fridge to ensure medicine was stored within the recommended temperature range for it to remain effective. We found people's medicine administration records (MAR) were signed by staff when medicine was given. We looked at how people's pain relief patches were stored and found they were kept in the box they had been dispensed in which contained the batch number. This confirmed effective medicine management was in place.

A member of staff we spoke with told us the medicine management had improved at the service. They said, "The medicine storage is much better now. We have undertaken a lot more training in medicine management since the last inspection to refresh our knowledge. There are weekly and monthly medicine management audits undertaken. We check the temperature medicine is stored at and check the medicine charts to make sure there are no gaps."

People we spoke with told us they felt their health and safety was protected at the service. Comments included, "I am safe and comfortable here. My medicines are handled correctly and the home is clean and

pleasant in all areas", "It is nice and clean; I do not think there are any fire safety issues here", "I am safe and well cared for" and "I have no concerns about my safety at all."

During this inspection we found the shortfalls we identified at the last inspection had been fully corrected. We found the provider had maintained the level of consistency in achieving high standards in these areas. We therefore have rated this domain as good.

We looked at how people were protected from harm and abuse. We found staff understood the action they must take to protect people if they suspected abuse was occurring. A member of staff said, "I would report any concerns' straight away to the manager."

We inspected the staffing levels provided at the service. We saw staff provided timely care to people to help to maintain their health and safety. People we spoke with told us there were enough provided to deliver the care and support they required. One person said, "The staff come to help me when I need them."

We found the recruitment process remained robust. Potential staff had to complete an application form, attend an interview, provide references and carry out a Disclosure and Barring Check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. Once this information had been received and was found to be satisfactory new staff were invited to start the induction process at the service. This included compulsory training and supervision to help to develop the staff's skills to ensure they could deliver safe care to people.

Staff undertook training in a variety of mandatory subjects, for example, infection control, moving and handling, fire safety, safeguarding and food hygiene. Staff we spoke with told us this helped them in their role.

The management team reviewed accidents and incidents that occurred and took action to help to prevent further issues from occurring. This included gaining help and advice from relevant health care professionals.

We found people had personal emergency evacuation plans in place (PEEPs), which contained information for staff and the emergency services about how to support people in the event of an emergency.

There were systems and audits in place to monitor and maintain the safety of the premises. Issues found were acted upon. Service contracts were in place regarding equipment and the utilities supplied to the service.

Is the service well-led?

Our findings

At the last inspection in June 2017 we found the quality monitoring undertaken by the management team had not been effective. There were issues with fire safety, medicine management and infection control which had not been identified prior to our inspection. This meant the service was not always well-led and demonstrated a breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to address the issues we identified. The provider sent us an action plan telling us how and when these shortfalls had been rectified. During this focused inspection we checked to see if the required improvements had been made. We found all the necessary improvements had occurred.

We looked at how the checks and audits had been enhanced to cover the shortfalls we had found at the previous inspection. We saw the fire safety, medicine management and infection control were now robustly monitored on a regular basis by the management team to help to prevent any issues from occurring. We found general maintenance and servicing of equipment took place to make sure the service remained a pleasant and safe place for people to live.

The provider showed us a new quality assurance system that was being introduced that mirrored the Care Quality Commission domains. We were told a new electronic system for monitoring people's care records was also being introduced at the service to enhance the service provided.

People we spoke with confirmed the service was well-run and said they were happy with the service they received. We received the following comments; "It is nice here. The staff and managers are very kind. I cannot grumble about anything" and "It [the service] is run well [Name] sorts things out they are caring and nothing is too much trouble. [Name] always asks if everything is okay and we raise our views. It is definitely well-led. I am perfectly happy here."

We found people were provided with a service user guide. This informed them about the aims and objectives of the service; which were to provide good person centred care to people in a family run home.

We saw the management team had an 'open door' policy in place so that people using the service, relatives, and staff could speak with them at any time. There was an open and transparent culture at the service.

The provider told us how they constantly looked at how they could enhance the service. We saw new carpets being laid on the day of our inspection to enhance the environment. They also told us they were going to display more pictorial scenes on the walls because people had requested this.

We found staff meetings were held so they could raise their views and make suggestions. Minutes of the meetings were produced so they were available for staff that were unable to attend. This helped to keep them informed. Staff we spoke with told us their feedback was always welcomed by the management team. One said, "The management team ask for our views which are taken on-board."

People living at the service were asked for their opinions daily informally and at resident and relatives meetings. We saw quality assurance surveys were sent out regularly to people regarding a variety of subjects to gain their views. We looked at the results that had been received from the last surveys and found the feedback provided was positive. A newsletter was also produced for people, which informed them about forthcoming events, activities, birthdays and any staff news, which helped to keep people informed.

The management team had developed links with the local authority and commissioners of the service and with health care professionals, such as; GP's and district nurses. The service used good practice guidance, such as that from The National Institute for Health and Clinical Excellence to enhance the care provided to people at the service.

The provider also sponsored a 'Community Champion Award for Adult Carer of the Year'. The award ceremony had taken place at The Baths Hall in Scunthorpe and the provider, registered manager and a person living at the service had attended the awards ceremony presentation.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. We found the management team reported issues to CQC, which meant we could check appropriate action had been taken.