

Ruislip Care Home Limited

# Ruislip Nursing Home

## Inspection report

173 West End Road  
Ruislip  
Middlesex  
HA4 6LB

Date of inspection visit:  
21 January 2020  
22 January 2020

Date of publication:  
10 March 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ruislip Nursing Home is a care home providing accommodation, personal and nursing care for up to 24 older people, including people living with the experience of dementia and people receiving care at the end of their life. At the time of our inspection, 23 people were using the service. The home is in the process of finishing a renovation project which will increase the bed spaces to 31.

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

Family members told us their relatives were safe. There were procedures in place to protect people from abuse. Risk to people's wellbeing had been assessed and planned for. People received their medicines in a safe way. There was enough staff employed to keep people safe. There was a clear process to identify learning from accidents, incidents and safeguarding concerns.

People's needs were assessed prior to coming to the home, including healthcare needs and the provider had good links with healthcare professionals. People's nutritional and hydrational needs were being met. Staff received an induction and shadowed more experienced staff before they supported people on their own.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The home was undergoing an extensive programme of building works as they were building a new dining room and more rooms.

People had good relationships with staff, and it was clear staff knew people well. People were supported to maintain relationships which were important to them. Each day there was a programme of activities that people could engage in. People's privacy and dignity was maintained, and staff supported people to remain independent.

People were encouraged to make choices about their care and support. People's communication needs were assessed and planned for. The home had a complaints policy and people and their relatives told us they knew how to make a complaint. People's end of life wishes were respected. The provider was accredited in the Gold Standard Framework. This training specialises in end of life care. People had their care plans reviewed in line with the provider's policy or if their needs changed.

People and their relatives felt the home was well managed. The home had a very experienced registered manager who understood people's needs. Staff attended team meetings and they told us they found these meetings helpful. Staff had regular supervisions and appraisals in line with the provider's policy. The provider used effective systems for monitoring and auditing the service which helped to improve people's experience of care.

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

#### Rating at last inspection

The last rating for this service was good (published 04 August 2017).

#### Why we inspected:

This was a planned inspection based on the previous rating.

#### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Ruislip Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector, a member of the CQC medicines team 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.

#### Service and service type

Ruislip Nursing Home 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.

#### Notice of inspection

The inspection lasted two days and was unannounced. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff including the nominated individual (NI), registered manager, deputy manager, activities worker, care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted fifteen professionals who regularly visit the service and we received feedback from six professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "Yes, I am safe here." The provider had systems to help protect people from the risk of harm and abuse. Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns. One staff member told us, "Keeping our residents safe is so important if we are worried, we report."
- Staff received safeguarding training as part of their induction and safeguarding was an agenda item at each team meeting. Staff were aware they could contact the local authority safeguarding team and CQC if they had concerns.

Using medicines safely

- People received their medicines safely and on time. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. Body maps were used to record the positioning of pain-relieving patches and the use of topical medicines was recorded on a separate Medicine Administration Record (MAR) chart. This helped to ensure medicines were administered in line with the manufacturer's recommendations.
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely.
- Medicine audits were completed on a daily and monthly basis. The registered manager reviewed and analysed any findings of the audits to ensure they took action that may be required to improve practices.
- Eleven people had their medicines administered covertly. The covert administration of medicines is when medicines are administered in a disguised form, usually in food and drink. The appropriate assessments had been completed and agreed by the doctor, pharmacist and family. These were reviewed every 6 months.

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. People had their needs assessed for areas of risk such as nutrition, pressure area care, falls and moving and handling.
- There were good systems in place to ensure the premises were maintained safely. There were clear plans made for safe evacuation from the premises in an emergency such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, hoisting equipment, fire and water systems were available.

Staffing and recruitment

- Recruitment practices were safe, and the relevant checks had been completed before staff commenced employment.

- There were enough staff to meet people's needs and keep them safe. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. The registered manager completed a dependency assessment to assess staffing levels. This assessment is used by the registered manager to assess staffing levels for the home. This was completed each month for every person in the home. As the home was planning to increase its bed spaces the registered manager told us they would be recruiting more staff to ensure they had appropriate levels of staff.

#### Preventing and controlling infection

- The premises were clean and free from malodours. Staff had received training in infection control, and they understood how important it was to reduce the risk of cross contamination. The provider had recently reviewed the infection control policy and we saw this was discussed in team meetings. The home completed an annual infection control statement to review any issues relating to infection control. If there were any issues an action plan was developed.
- Each month senior staff provided practical training and observed staff in washing their hands and how to use personal protective equipment to ensure they were doing so correctly. If issues or concerns were found staff received further support.
- Recently staff had attended a health practitioners conference and they had won a quiz on infection control. The registered manager told us they were very proud as it demonstrated why maintaining a high standard of infection control was a priority for the staff.
- The kitchen had recently been assessed by the local food standards agency and had received a grade 5 rating. This told us the kitchen was clean and well maintained.

#### Learning lessons when things go wrong

- Accidents, incidents and near misses were logged with the registered manager and each incident was audited. The registered manager was proactive about learning lessons and improving the service. We reviewed some of the incidents and there were a clear action plans in place. For example, one person had slipped from a chair. After the incident staff completed the relevant action plan, the person's risk assessment relating to falls had been updated and a referral was made to the physiotherapist.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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 were assessed prior to them moving into the home. Referrals were made to external health care professionals when needed and any professional guidance was followed. People told us they were assessed either in home or in hospital prior to them moving into the home.
- The provider recognised that a barrier to care can be the notion that sexuality does not matter as people get older. As part of people's initial assessment their sexuality was discussed. The registered manager was keen to ensure this was discussed as part of people's ongoing care and support and to try and breakdown any potential barriers.

Staff support: induction, training, skills and experience

- Staff received a thorough induction which helped to ensure care workers had the appropriate skills to care for people in a safe way. The registered manager met with all new care workers and discussed the induction programme. The programme covered areas such as moving and handling, care of residents, health and safety, fire, and first aid. Once care workers had been trained in this area, they demonstrated their learning and once senior staff were confident, they were signed off as passing this competency and they moved on to the next area. The registered manager told us it can take up to three months to induct staff safely.
- Staff were also encouraged to complete the care certificate and we saw evidence in care workers files of completion. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities. Staff told us they felt they had the necessary training to do their jobs. One care worker told us, "All mandatory training is done, and we discuss this in our supervision sessions, and we reflect, and we look at our best practice and our poor practice.
- Staff told us they felt they received appropriate support on a day to day basis but also through supervision and appraisals.

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

- People were supported to maintain a balanced diet. Catering for the home was outsourced to an external company. Food was prepared off site, frozen and then delivered to the home. The home had two chefs and they prepared and served the food on site. The chef told us if people wanted a specific meal that was not on the menu it could be made in the kitchen.
- If people had any specific dietary needs or risks this was managed appropriately. The chef held information on all people's dietary needs and this was updated in line with the provider's policy. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking. One healthcare professional told us, "It is one of the few homes where the cook is always willing to talk through

each resident I am seeing, their food preferences and what she is already doing for them by fortifying their meals."

- People's mealtimes were relaxed, and staff interacted well with people. We observed staff sitting with people helping them over lunch. Staff asked people what they would like to eat first, when we observed one person was unhappy with the food choice, staff immediately reassured the person and requested another meal from the kitchen.
- Staff spoke knowledgeably about the importance of ensuring people remained hydrated and well nourished. Throughout the day people were given regular drinks and snacks and if people initially refused, staff always returned and encouraged the person to take a drink.

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 healthcare professionals to monitor their health. The local authority had recently introduced a new team of healthcare professionals who could visit the home on a weekly basis or if people needed urgent medical care. During our inspection we observed staff seeking support from this team as they were concerned about one person who was unwell.
- Professionals gave good feedback about the willingness of the service to work with others. One professional told us, "Staff take the time to talk to me about the patient and feedback any of their concerns. They will contact me if the care plan is not working."
- The home had a staff member who was a dedicated pressure ulcer champion who worked very closely with healthcare professionals. If staff were concerned about people's skin integrity, they made a referral to the appropriate team. The provider was one of the first homes to engage with the "Stop the Pressure" campaign and they achieved 1063 days with no avoidable pressure ulcers. One healthcare professional told us, "The staff will call the team directly and request for advice or visits as required. They are very prompt to act, and they follow care plans accurately."
- The home was working alongside health professionals to ensure if people were admitted to hospital, they had the necessary information to support them appropriately. Each person had personalised paperwork which could be placed in a red bag if they needed to go to hospital. The red bag was used to transfer this along with medication and personal belongings and stayed with the person throughout their hospital admission and was returned home with the person. The aim of the red bag is to provide hospital staff with all of the most up to date information to look after the person. The registered manager told us, "It was important to keep this paperwork updated just in case people were admitted to hospital."
- People had oral hygiene risk assessments in place which were reviewed every month. The risk assessment covered information on lips, tongue care, saliva and denture care. Within people's care plan there was good information recorded on how to assist people to brush teeth and use a tooth brush. We read in one person's file "My mouth is healthy, I have natural teeth, I do not like my teeth cleaned, I prefer mouth wash". This helped to show us people's oral health care needs where been met.

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

- The home was in the process of completing an extension to introduce seven new rooms and extend the dining room. The space will have a series of three areas to support different activities, this will include a new dining room, a television area and an area for activities. We spoke with the registered manager about how they propose to decorate the area. They told us they were planning, "To ensure the area is dementia friendly."
- The home was clean and tidy and well maintained. The furniture in the home was bright and clean and there were different chairs to accommodate people's specific needs. People were encouraged to choose where they would like to sit in the main room.
- People's bedrooms had been personalised to people's individual tastes and preferences. The home did

not always have clear signage in place but when we raised this with the registered manager, they told us, this was an area they would be prioritising once the building works had finished.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and they had received training in line with the providers policy. One staff told us, " We always check as people can have fluctuating capacity and so we never presume."
- Within people's files we saw records of best interest decisions having been completed. If best interest decision were completed staff used an assessment tool to assess whether they understood the information given, what they can retain and how information is weighed up. The registered manager then made applications for DoLS authorisations. One professional told us " For people who do not have capacity to make decision, they would have DOLs in place. "
- Where other people were helping people using the service make decisions or were making decisions on their behalf, the registered manager checked that they had a Lasting Power of Attorney (LPA) and kept copies as evidence. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This meant the service would know who to consult with when making decisions about the person's care, if the person lacked the mental capacity to make specific decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately. Positive and caring relationships had been developed between people and staff. One relative told us, "Staff are caring, I've not come across any that aren't. They are very hands on and the people matter here."
- There was a calm, welcoming, and friendly atmosphere at the home and relatives confirmed this. During our inspection we saw some nice caring interactions. One member of staff took the time to notice when someone had a new item of clothing and they sat and listened to the person tell their story.
- We observed someone had spilt a drink on themselves, staff attended straight away and immediately reassured the person and provided care in a safe way.
- People received personalised and compassionate care that considered their rights to equality and acknowledged diversity. Staff received equality and diversity training as part of their induction process.
- The registered manager told us they wanted to respect and support people to practice their faith and as a result they ensured they have regular visits from different faith groups.

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

- People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support.
- Care plans provided a background social history and profile of the persons likes dislikes and personal care and general support needs, capacity and behaviour. This information informed and guided staff to support people.
- Staff knew how to support people to access advocacy services if required. Within people's files we saw contact information for people who were receiving this support. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respected people's dignity and privacy throughout the inspection, for example in the day room there was a screen placed around a person when they required support.
- The provider had a dignity charter and staff signed a confidentiality charter as part of their induction. The provider had a range of policies and processes regarding privacy and dignity and how they impacted on people's health, care and support.
- People's right to privacy and confidentiality was respected. Staff spoke about the importance of

respecting people's dignity and privacy. One staff member told us, "Privacy and dignity is important, we do this by pulling curtains, knocking on doors and closing doors and we always offer family members a private space if they need it."

- Staff gave us examples about how they helped to keep people independent. Comments included, "To keep people independent I ask them, do you want to do it before I assume, they can't do it. I always prompt and encourage" and, "We respect their personal preferences for personal care, and we ask them how they would like care to be delivered as it is important, they feel comfortable with us."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their support plan. We discussed this with the registered manager as it was recorded two people did not speak English. The home had not completed relevant documents in a format to cater for their language needs. The home had however developed some cards they used for translation for day to day tasks.

We recommend the provider seek national guidance on implementing the Accessible Information Standard.

- The registered manager recognised this was an area for development. The activities worker told us some documents and policies had been made available in an accessible format.

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

- Care workers supported people in a person-centred way. People's care plans were detailed and showed information about people's health needs, their histories, likes and dislikes and their personal preference on how they wished to receive care and support. From our conversations with staff, it was clear they knew people well. Staff told us about the importance of reading care plans and ensuring information was up to date to ensure people received the best support. Staff completed detailed daily records for people, which showed what care they had received. This was then discussed in handover each day.

- Care plans were reviewed monthly and amended more frequently when needs changed.
- People were supported to maintain relationships that were important to them. The home welcomed visitors but placed a restriction on visitors during mealtimes. However, if relatives wanted to visit to support someone at this time this was encouraged.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home encouraged people to participate in a range of activities which were programmed around their abilities. The activities worker told us this was invaluable as it "targeted the right activities to each individual."
- The home scheduled activities for each morning and afternoon which included newspapers, balloon

games, flower arranging, ball games, music, and nail care.

- Each week the home in partnership with their sister home visited the local library and enjoyed some activities and the home also organised for other group outings.
- The home had strong links with the local community and each Wednesday a group of musicians came and sang in the afternoon. The home had also developed strong links with a local nursery who visited each month. The registered manager told us, "This scheme was set up to afford youngsters the opportunity to learn from residents from the older community and it helps tackle loneliness." The home had also developed strong links with the scouts and an overseas university.
- Each week the home had pet therapy where two dogs visited and spent time with the people. We observed this activity and people really enjoyed spending time and playing with the dogs.
- The provider was looking into ways of using technology to enhance people's lives. People were supported to use an electronic tablet which had some software which helped people to discuss memories which may have been important to them.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record and investigate and to respond to any complaints raised with them.
- There had been 4 complaints in the last year. All investigations had been done in line with the policy and information was recorded appropriately. The registered manager told us, "Concerns and complaints are used as an opportunity to learn and drive continuous improvement."

End of life care and support

- At the time of our inspection one person was been supported who was at the end of their life. If a person was nearing the end of their life, the service used a variety of end of life tools to ensure they received dignified, responsive, compassionate care at this time. The home was accredited in the Gold Standard Framework. This framework provides specialist training to support services in all settings to provide better end of life care.
- The provider told us they were planning to introduce more palliative care beds in the future as they had nursing staff skilled in this area.
- The provider aimed to ensure people and their relatives were supported appropriately.
- One staff member told us " After someone dies, we discuss what we did best, any areas we can improve on and we reflect, and we use this as a method to learn. "

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was well managed. People spoke well of the manager. Comments included, "Yes, they are kind and supportive" and, "The home is very well managed, and they are always willing to help when we need help and "They are always here ".
- The management team understood in detail about the people who were receiving care. They demonstrated an understanding of people's differences and individual preferences. Staff had built a good relationship with people and their families.
- We received positive written feedback from a health professional who stated, " The registered manager is very hands on and the respect she provides to her staff and residents is visible when you visit. The staff are happy in their jobs and the registered manager is always looking for ways to engage the residents in activities. The owners of the care home are very approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear established systems for monitoring the delivery of the service. For example, various aspects of the service were regularly audited including medicines, care plans, risk assessments, health and safety and staff training.
- There was good communication between all the staff and important information about changes to people's health was communicated during the handover process.
  - Notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement. The previous CQC inspection rating was displayed in the home as required by the regulations.

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

- The home had formed strong links with the local community and the registered manager recognised the importance of this. Systems were in place to enable people, staff and relatives to give feedback. All feedback



received was used as a method to improve the service.

- Team meetings took place and staff told us they found these meetings helpful in keeping up to date in changes to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- The provider worked collaboratively and closely with the local community for the benefit of people living at the home. Examples included, working with the local cubs and working with local community-based services. Each year the provider celebrated World Alzheimer's month and they use this as an opportunity to raise awareness and work in partnership with local groups to raise the awareness of dementia.