Care Homes of Distinction Limited

Rutland Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Rutland Home provides nursing care for up eighteen people, including people who have dementia and mental health needs. At the time of our inspection 11 people lived here.

The inspection took place on 01 August 2017 and was unannounced. We had carried out an unannounced comprehensive inspection of this service on 30 April and 5 May 2015. At that inspection a breach of the regulations had been found with regards to records management. After that comprehensive inspection, the provider wrote to us to say what they would do to meet the regulations. The provider had taken appropriate action and addressed the concern we had raised.

There was a 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.

People were safe at Rutland. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

There were sufficient numbers of staff deployed to meet the needs and preferences of the people that lived there. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. They had also checked to ensure staff were eligible to work in the UK.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to support people if the building needed to be evacuated. Regular checks were completed around the home to ensure it was safe, such as testing fire detection systems, and maintenance of equipment.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

There was positive feedback about the home and caring nature of staff from people who live here. The staff were seen to be kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection between staff and the people they cared for. People could have visitors from family and friends whenever they wanted.

Care plans gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to a wide range of activities. People and relatives were positive about the choice of activities, and how there was always something interesting to do.

People knew how to make a complaint. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

People were happy living here, and their relatives were positive about the care and support given to their loved ones. One person said, "I find it very comfortable here, there are plenty of activities and all in all it is very good." Another person said, "I wasn't sure what to expect when I came to live here, but it is good, and I am happy." A relative said this has been "By far the best option for my family member."

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.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

Hazards to people's health and safety had been assessed and guidelines were in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's liberty may be being restricted, appropriate applications for DoLS had been completed.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, whenever they wanted. Bedrooms had been decorated in a style individual to the people that lived in them.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff offered a range of activities that matched people's interests.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to drive improvement throughout the home. Completion of records was under constant review as part of the ongoing quality assurance process.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people and ideas and suggestions were acted on.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Rutland 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 inspection took place on 1 August 2017 and was unannounced.

The inspection team consisted of one inspector, an expert by experience who was experienced in care and support for elderly people, and a nurse specialist (SpA).

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with five people who lived at the home and six staff which included the registered manager and the provider. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included six care plans and associated records, 11 medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff. After the inspection we contacted five family members of people who live here for their opinions of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Rutland. One person said, "I feel safe living here; it's to do with the general attitude of the staff and how the place feels."

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and felt their concerns would be addressed. Staff had received safeguarding training and could tell us about the various forms of abuse. They also told is what they would do if they suspected or saw that it was taking place, i.e. making a referral to an agency such as the local authority safeguarding team or police. Staff were aware of their role in reporting suspected abuse if the manager or provider did not respond to their concerns.

People were kept safe because the risk of harm from to their health and safety had been assessed. Assessments had been carried out in areas such as moving and handling, falls, risks of social isolation, choking, nutrition and hydration, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Staff understood their roles in keeping people safe. Staff ensured they were present in communal areas. This reduced the risk of falls and ensured a quick response if anyone needed help. It also minimised other risks, such as behaviour that may challenge as staff would be present to spot the signs and intervene before anything untoward took place.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care. There is a clear handover sheet for each shift, which discussed what had taken place so that staff coming onto shift would know if anyone's needs had changed.

There were sufficient numbers of staff deployed to keep people safe and support their health and welfare needs. One person said, "Yes, I think there are enough staff. I am very satisfied with the response when I call." Another person said, "They can be really busy sometimes, but they always help the people who need it." A staff member said, "I think we have enough staff here, for the number of residents. If anyone calls in sick we can get staff from the owners other homes to come and help."

Staffing levels reflected the needs of the people. Staffing rotas recorded that the number of staff on duty. The numbers matched those specified by the registered manager to give a safe level of care to people. During the inspection people were seen to be supported when they asked for help, and staff had time to spend talking with people.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable

people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports, to show eligibility to work in the UK. The manager also monitored that the nurses were registered with the Nursing and midwifery Council. All nurses who practice in the UK must be on the Nursing and Midwifery Council (NMC) register. This ensured that the nursing staff were suitably qualified to carry out their role as an RGN.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around maintaining a safe environment for people. Staff wore personal protective equipment (PPE) appropriately to reduce the risk of spreading infections. Some parts of the homes decoration looked tired. The provider was carrying out maintenance work to repair a part of the building at the time of the inspection, so this was being addressed. People's rooms were clean and tidy.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Information to guide staff in meetings peoples care and support needs in an emergency, such as evacuating the building, was readily available. Personal Evacuation Plans were in place for everyone living in the building and a grab pack was accessible for the fire marshal in the event of an emergency.

People's medicines were managed and given safely, and people were involved in the process. One person said, "I find the staff to be very good at giving me my medicines." A nurse was available on each shift to ensure that people received their medicines at the times they required them and at the right dose.

Staff that administered medicines to people received appropriate training which was regularly updated. Their competency had been assessed by the lead nurse to ensure their practical skill were up to date. Staff were able to describe what the medicine was for to ensure people were safe when taking it. Where medicines were prescribed as required for a person who expresses distress, good practice was seen in the as required medicine (PRN) protocol, such as alternative activities being attempted to distract and calm the person (including activities meaningful to the individual). The PRN was recommended to be given only as a last resort. We did not that not all PRN medicines had protocols in place, for example medicine to aid bowl movements. Those people who were prescribed transdermal patches had clear records where the patch was applied on the body and there was evidence of sufficient rotation of site. However some topical creams did not have a clear diagram of where they should be applied on a person. The registered manager agreed to address the issue and would put these into place.

The ordering, storage, and disposal of medicines were safe. There were no gaps in the medication administration records (MAR). Good practice such as a record of signatures and their initials at the front of both MAR folders was in place, so the staff member who had given medicine could be easily identified. Each MAR has a front sheet with a current picture of each person receiving medication as well as their date of birth, known allergies and room number. This reduced the risk of people receiving the wrong medicine.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "The staff are good and know what they are doing." Two relatives told us why they felt staff were well trained. One relative said, "Staff know their jobs well." Both relatives gave examples of how staffs understanding and response to their family members' behaviours had a positive impact to their wellbeing. The behaviour had reduced as a result and their relatives were more relaxed and happy then they had been before they lived at Rutland.

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff ensured they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported to give a good standard of care to people. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

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.

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. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. There are records of Lasting Power of attorney in the care files and consents to care, treatment, information sharing and for the use of CCTV in communal areas.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for people's consent before giving care and support throughout the inspection.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff understood that people's capacity could change, and if they

had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. Where people's liberty was restricted to keep them safe, appropriate applications had been made to the appropriate authority. People were supported in accordance with these DoLS.

People had enough to eat and drink to keep them healthy and had good quantity and choice of food and drinks available to them. A person said, "It's excellent, I have nothing to grumble about. I'm not a big eater and they give me small portions." A relative said, "I have been impressed by the food. My family member has lots they can't eat and they provide alternatives." People's special dietary needs were met, such as soft diets for people who had difficulty swallowing. Those people who have been assessed to have swallowing difficulties by the SALT were supported to eat a puree diet. An indication that people were well supported to drink enough was apparent from the very low incidence of urinary tract infections at the home.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Where people had lost weight, this had been quickly addressed with support, food supplements and referral to GP and dietician as required. One person had recently lost weight but had increased her weight significantly from the time of their admission to the home. A relative confirmed this when they said, "My family member had lost a lot of weight before they came here. She has now increased weight."

People who had nursing support needs were effectively cared for by staff. Wounds were well managed and at the time of our inspection People had timely access to healthcare professionals including the GP, physiotherapist, opticians, dentist, dietician, and SALT. GP's and appropriate specialists had been involved in supporting people with a wide range of conditions to maintain health and wellbeing. These included investigating gastro-intestinal difficulties and managing behaviour that may challenge themselves or others.

Effective support was given for people at risk of developing skin conditions such as pressure wounds. No one was being treated for a pressure wound at the time of our inspection. Where wounds had occurred in the past these had been well managed by the nursing staff and people's skin had recovered as a result.

People received support to keep them healthy and their health and well-being were seen to improve due to the care and support of staff. One person said, "They know if we are not well, and they get you to a doctor." A relative had been very happy about the positive change in their family member since they had come to live at Rutland. Another relative talked about the improvement in their family member's mobility due to the care and support of staff.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "Staff are excellent. If you want anything you only have to ask." Another person said, "I find staff to be very pleasant, and they are always helpful." A relative said, "Staff are really nice, friendly. My family member seems to be a lot happier with the staff here than at her previous home."

Staff had a caring attitude to the people that lived here. When asked about what they most enjoyed about working at Rutland, one staff member said, "I love caring for the residents, to look after them." Another staff member said, "I feel we really do care about people. I try to look after people like they are my own parents." Feedback we had from people, relatives and our observations on the day of the inspection confirmed what staff had told us.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Staff interacted with people in a caring and respectful manner. Conversations were polite and humorous and staff always waited for people to respond to any questions they asked. Throughout our inspection staff had positive, warm and professional interactions with people. Many times carers were seen holding hands with residents or sitting with them in the lounge, talking. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home.

Staff were knowledgeable about people and knew them as individuals. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communicated effectively with people. One person said, "Oh yes, I can easily understand staff, and they understand me." Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. One person said, "I feel sure that the staff do respect me." When giving personal care staff ensured doors and curtains were closed to protect the people's dignity and privacy. Staff respected people's knowledge and made them feel valued. During a quiz one person gave an answer that the staff had not heard of. They asked the person about it and listened to what they said. They then thanked the person for teaching them something they had not known. The person appreciated this and was happy they had been able to help.

Staff encouraged people to maintain their independence, and do as much as they could for themselves. Staff explained how during personal care people were asked if they would like to wash themselves, or when supporting them to eat, they made sure people had appropriate cutlery and time to be able to eat with minimum staff support. Staff also understood that some people who needed support to use the toilet preferred to do this alone. They respected this by supporting the people into the toilet, and then left them to respect their privacy and dignity.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. People had access to services in the community and in the home so they could practice their faith. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives if they wished.

Good

Is the service responsive?

Our findings

People told us that they felt their care was responsive to their needs. People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories.

People and their relatives had been involved in care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the nurses or registered manager. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. Relatives, where appropriate, were invited to take part in those reviews, and have their say on the care given.

The staff responded well to peoples' needs. Relatives were complimentary about the care given to their family members that met their complex needs. They described how their family members had not been able to be supported at other nursing homes due to these complex needs. Staff at Rutland had responded well and sought appropriate professional support and guidance to meet those needs. Tools such as antecedent, behaviour, consequence (ABC) charts had been used to monitor people's behaviour and identify triggers. Plans were then put into place to respond and manage those behaviours. Relatives confirmed the improvements they had noticed in their family members, and the positive way staff treated them.

People's choices and preferences were documented and were seen to be met. Each care file has an "at-a-glance" summary of care required which is a good way to ensure that staff can check care needs quickly. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Staff were seen to give care as detailed in the care plans on the day of the inspection. They ensured correct mobility equipment was used, and responded to people in the preferred manner.

People had access to a range of activities, to stimulate them mentally, physically and to have fun. One person said, "We can ask for all sorts of activities here, and I like everything we do." Another person said, "There are plenty of activities here." During the inspection both the activity coordinator and staff engage meaningfully with people and supported them with activities that they enjoyed. The home was a member of the National Activity Providers Association (NAPA) and had the resources needed to support people with their lifestyle choices, such as pursuing hobbies and interests. Various activities were available for people to take part in throughout the week and weekends.

People were seen to enjoy the activities such as drawing and painting and quiz sessions over the course of the day. The activities coordinator and the care staff encouraged people to take part, so no one was left out with nothing to do. The activities coordinator knew everyone well and could describe the hobbies and

activities everyone likes to participate in. the activity plan they generated ensured these activities were included.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. One person said, "If I was concerned about anything I would have no problem telling them about it." People that had asked for something to improve told us this had been done to their satisfaction.

Relatives confirmed they understood the complaints process but had not felt the need to raise any formal complaints. There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been no formal complaints received at the home since our last visit. A number of compliments had been received during the same time period. One read, "We are indebted to you all for the excellent care and love you all have extended to our family member."

Good

Is the service well-led?

Our findings

At our previous inspection in April 2015 we had identified one breach in the regulations regarding how well the records of peoples care and support had been maintained. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

Records management was generally good and showed the home and staff practice were regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people.

There was a positive culture within the home between the people that lived here, the staff and the manager. One person said, "I am very impressed with how the manager and staff run the home. I'm very happy here." A relative said, "It's a very well run establishment. The care is as good as I would expect." Another relative said, "The home has really improved since the new manager started, for my family member the care has got a lot better." The registered manager had a good rapport with the people that lived here and knew them as individuals.

Regular monthly and weekly checks on the quality of service provision took place by the registered manager and senior staff. Actions highlighted were addressed in a timely fashion, and made improvements to the service. There was a clear plan of what checks needed doing, by when and who was responsible. This enabled the registered manager to keep track on progress, and to address any shortfalls that may have occurred.

The owner of the business, who was the nominated individual for the organisation, ensured a good standard of care was given. They were involved in the home on a daily basis because it was a small business with only three small care homes. The registered manager and owner clearly knew staff well and were both encouraging, recognised good practice when they saw it and commented positively to staff and gave guidance to reinforce best practice when needed.

People were included in how the service was managed. One person said, "We have these sit down meeting things. People had access to regular house meetings where they could discuss any issues they wanted to raise, and what activities they would like to take part in. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs. Further feedback about how the service had responded to suggestions was by the use of annual surveys of people and their relatives. The results of the last survey completed in November 2016 were clearly on display for people and visitors to see. These detailed ideas, suggestions and concerns people had, and what the service had done as a result. Examples included the employment of another activities person to increase the access people had; and employment of a new chef which improved people's opinion of the meals. It was clear the staff listened and responded to people's feedback.

The registered manager also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "I find the manager very supportive. She asks for my suggestions on how we can make improvements." Another staff member said, "We can raise ideas at team meetings, and we chat about what we could do better if the residents are unhappy." Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.