

Rathside Residential Care Home Limited

Rathside Rest Home

Inspection report

41 Gainsborough Lane
Scawby
Brigg
South Humberside
DN20 9BY

Tel: 01652652139

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27 July 2018

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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

The inspection took place on 27 July 2018, it was unannounced. There were no breaches of regulation at the last inspection.

Rathside Rest Home 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. 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.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from potential harm and abuse, issues were reported to protect people from harm. Care and treatment was planned and delivered to maintain people's health and safety. Adequate staff were provided to meet people's needs, in a timely way. Recruitment, medicine management and infection control was robust.

Staff undertook training in a variety of subjects which, helped them provide appropriate care and support to people. Supervision and appraisal took place to develop the staff's skills. People's dietary needs were met. The service was homely and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by kind attentive staff and their privacy and dignity was maintained. Information was provided to people in a format that met their needs. People's diversity was respected and promoted at the service. Confidential information was stored in line with the Data Protection Act.

People's care and support was monitored to ensure they received the care and support they required.

Relevant health care professionals were contacted for help and advice and staff acted upon what they said to maintain people's wellbeing. End of life care was provided at the service.

Quality monitoring checks and audits were undertaken, any issues found were acted upon to make sure the service remained a pleasant place for people to live. People, staff and visitors were asked for their views. The management team implemented continual improvements at the service to benefit all parties.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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.

Inspection site visit activity took place on 27 July 2018 and ended the same day. It was undertaken by one inspector and was unannounced.

We looked at the notifications we received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk for this service. We asked the local authority commissioning and safeguarding teams for their views. We contacted Healthwatch (a national consumer health care champion) for their feedback prior to our inspection. We reviewed this information to help us make a judgement about this service.

During the inspection we spoke with three people living at the service and with one visitor. We also spoke with the provider, head of care, two staff and a cook. We looked at a selection of records. This included three people's care records, ten medicine administration records and the medicine treatment room temperature and fridge records. We inspected the minutes of meetings held with people living at the service, relatives and staff. We looked at the quality assurance checks and audits undertaken, policies and procedures, maintenance records and the complaints and compliments information received. We also undertook a tour of the service.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not talk with us.

Is the service safe?

Our findings

At the last focussed inspection, we found the service was safe and awarded a rating of good. At this inspection we found the service continued to be safe.

People told us they felt safe living at the home and were supported by the staff. One person said, "My safety is protected." Another told us, "I am safe and secure here."

The provider had safeguarding and whistleblowing (telling someone) policies in place. Staff undertook training about how to protect people from harm and abuse. Potential issues were reported to the local authority, which helped to protect people. Staff told us they would report any concerns, one member of staff said, "I would report safeguarding issues straight away."

Risk's to people's health and wellbeing were monitored and reviewed. People had personalised risks assessments in place for example, about the risk of falls or potential skin damage due to immobility. Staff were aware of these risks and gained help and advice from health care professionals to maintained people's wellbeing. People were encouraged to maintain their independence even if there were risks present, which maintain their freedom of choice.

People's dependency was monitored. The registered manager made sure there were enough suitable skilled staff provided to meet people's needs in a timely way. Staffing levels were increased to support outings, social events and appointments.

Medicine systems in operation at the service had been improved. A new treatment room for the storage of medicines had been created. Staff undertook regular training and supervision about safe medicine management. People's medication administration records (MAR) were filled in correctly by staff. People's allergies were recorded, which helped to inform visiting health care professionals of any potential hazards. The registered manager undertook medicine management audits to ensue staff followed the provider's policies and procedures.

We looked at infection prevention and control. We observed staff were provided with personal protective equipment, for example gloves and aprons, to prevent cross contamination.

The registered manager and provider monitored all aspects of safety at the service. If incidents occurred action was taken to prevent any further re-occurrence, which protected the health and safety of all parties.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People told us they received effective care and support. One person said, "All my care is received. I find it quite pleasant here and I have a lovely room." Another person told us, "The staff work very hard and they are efficient."

People's needs were assessed before they were offered a place at the service. This allowed people to ask questions and visit the service. Staff develop person-centred care records which, were monitored to ensure people's needs were met.

Staff undertook regular training in a variety of subjects, for example, safeguarding, fire safety, infection control and dementia care. New staff completed a period of induction supported by senior staff before undertaking the care certificate (A nationally recognised training programme to develop their skills.) A member of staff said, "I have just completed a course on dementia and the mental capacity act."

People had their dietary needs assessed and monitored by staff. People's individual needs, preferences and special diets were catered for. Staff encouraged and support people to eat and drink. If people were losing weight or had difficulty swallowing staff gained help and advice from health care professionals to maintain their wellbeing.

Staff developed and maintained effective communication with health care professionals and with the local authority commissioning and safeguarding teams. Staff communicated with people's relatives to keep them informed. If people needed to attend health care or hospital appointments they were supported by relatives or staff. Information about people's medical conditions and any changes in their needs were recorded to monitor people's wellbeing.

People were encouraged to live their lives and maintain their independence, even if risks were present. Staff monitored the risk's to people's wellbeing. Staff observed people who were unsteady on their feet and reminded them to take their walking aids with them or staff walked by their side.

The building was adapted to enable people's mobility. Pictorial signage was displayed and memory boxes helped people find their room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff assessed people's mental capacity. If people lacked capacity to consent to their care and make their

own decisions, best interests meetings took place with their relatives and with relevant health care professionals. This helped to protect people's rights. Staff supported people to make their own decisions, for example, what they wished to do and where to eat. A member of staff said, "People may not be able to make big decisions. It is all about them."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People we spoke with confirmed they were cared for by the provider and staff. We received the following comments, "The staff are excellent, they are very caring. The manager and provider are very caring" and, "The staff are very good, they are obviously caring."

A relative told us, "The staff are fabulous. I don't say that lightly, they are so good to everyone. They deal with my relation's incredibly well. My relation's say they love the staff." Other relatives had provided compliments about the caring staff, to the provider, which included, "I always feel mother is well cared for and comfortable. I have been impressed from day one by the care and attention of the staff, nothing is ever too much trouble. As a visitor you are always made to feel welcome as time goes on it starts to feel like you are an extension of the family" and, "All management and staff have been very attentive to my relation's needs. I feel very reassured they are surrounded by staff who approach their job in a very professional manner."

We observed staff had positive relationships with people and spoke with them with kindness and compassion. We saw if people were unsettled or needed assistance staff acted swiftly and effectively to help support them. Staff knelt and gained good eye contact and used gentle appropriate touch to aid good communication and reassure people. A member of staff said, "I really enjoy it here, we have great residents."

People's preferences, likes and dislikes for their care and support were recorded, this information was known by staff. Staff monitored and assessed the care and support people needed to receive daily and adjusted their support in line with people's needs. People's diversity was respected by staff. Advocates were available for people to help them raise their views.

People we spoke with confirmed they were involved in planning their care. We saw people's care plans were detailed and contained information about people's life histories so staff could talk with them about this. Each person had a 'key worker', a member of staff who made sure people had everything they needed, undertook shopping for them or liaised with their family, which helped to support people.

Staff maintained people's privacy and dignity. Personal care was provided to people in bathrooms or in bedrooms behind closed doors. Staff knocked on people's doors before they were invited to enter. People were addressed by their preferred name. We observed friendly banter took place with people using the service and staff, which was enjoyed.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us the staff were responsive to their needs. One person said, "I am not waiting long for help, staff work very hard and they are efficient." Another person told us, "Staff would get the GP for me if I was unwell." A relative said, "Staff keep us up to date with [Name's] care and hospital appointments."

People had an assessment of their needs undertaken before they were offered a place at the service so that staff understood their care needs. Care was planned to make sure it met people's individual needs, likes, dislikes and preferences. We saw people's care records were personalised and detailed which, ensured people received the care and support they required.

People's care records were updated as their needs changed. Information was shared with staff about people's physical, psychological, emotional and social needs. Staff were informed about changes in people's needs at the start of each shift to make sure people received the right care. Since the last inspection an electronic care record system had been implemented. This reminded staff if people's needs required reviewing. All care provided was recorded immediately on this system. A member of staff told us, "The new system is amazing, people's needs are reviewed and monitored constantly." We found staff contacted people's health care professionals if they were concerned about their wellbeing and acted upon their advice.

The provider had a complaints policy in place. This was provided in a format that met people's needs. People told us they would make a complaint if they needed to, but they said they had no complaints to raise. People we spoke with said, "I would complain if I needed to" and, "I have no complaints at all." No complaints had been received since the last inspection. When issues were raised they were investigated and this information was used to enhance the service provided.

End of life care was provided at the service. Staff worked with relevant health care professionals to make sure people had a pain free and dignified death. The provider told us how they followed people's wishes for end of life care and their funeral arrangements to ensure people's wishes were fully respected and followed. Compliments were received from people's relatives about the care their loved ones had received at this time, for example, "Thank you for the loving care you gave to mum and for making her last month's comforting. She spoke highly of the carers, which helped us as a family know that she was settled." The provider and staff ensured people's end of life wishes were carried out in full.

Is the service well-led?

Our findings

At the last focussed inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

People told us they were satisfied with the service they received. One person said, "The service is well-run, there are no problems with that." Another told us, "I would not want to be anywhere else." A relative told us, "The service is so good to the people living there. I can relax knowing my relations are well cared for." Other comments received included, "All the management and staff have been more than helpful" and, "[Name] has received excellent treatment from the management and staff."

The provider had clear values and a strategy in place to make sure the service delivered good care and support to people. People using the service and staff were valued for their diversity and the service was run to make sure people received the care and support they required. There was an open and transparent ethos. There was an on-call system in place and the management team had an 'open door' policy so they could receive feedback from all parties at any time. Information received was used to enhance the service provided.

People were placed at the centre of the service and nothing was too much trouble for the management team or staff to make sure people were supported holistically. The quality of life provided for each person was considered by the staff and management team and they went out of their way to make sure people's holistic needs were met.

People's views were sought through informal discussion, resident and relative's meetings and surveys. We saw people were relaxed and gave feedback to the management team when speaking with them.

Staff meetings were held regularly to gain the staff's views. Staff told us they could raise issues if they wished and confirmed their views were appreciated and were acted upon. Minutes of the staff meetings were provided to those who could not attend to keep them informed. A member of staff told us, "The provider and manager are supportive and they look after the staff well."

Quality monitoring checks and audits were undertaken by the management team, these were aligned with the Care Quality Commissions (CQC) Key Lines of Enquiry to promote compliance and work towards an outstanding rating in the future. The provider worked at the service and they and the registered manager continually looked at how to improve the service. For example, since the last inspection a bio-mass boiler had been installed, which decreased the outgoing costs for heating. This money was being used to improve other areas of service, which included a new commercial kitchen which had just been fitted. A 'head of care' position had been created so that the service could develop the standards of care provided further.

The management team kept up to date with good practice and developments in the care sector to make sure their service followed current law and legislation. The management team worked positively with the local authority commissioning and safeguarding teams and with the CQC.

