Rutland House Community Trust Limited

Rutland House Community Trust

Inspection report

Willowbrook
Willow Crescent
Oakham
Leicestershire
LE15 6EH

Tel: 01572771001
Website: www.rutlandhousecommunitytrust.co.uk

Date of inspection visit:
11 July 2016

Date of publication:
17 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 11 July 2016. It was an unannounced inspection.

Rutland House Community Trust provides accommodation for up to 10 people with learning difficulties and sensory impairments. The home is also sometimes referred to as Willowbrook. There were 10 people using the service on the day of our inspection.

The person who was the registered manager had left the service. 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. The current manager intends to apply to the Care Quality Commission to become the registered manager.

People were protected from harm and staff were clear of their role to keep people safe and protect them from abuse. People told us they felt safe. There was a recruitment policy in place which the manager followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However we found that the way that mental capacity assessments were recorded was not in line with the MCA. The manager was clear of their role in ensuring decisions were made in people's best interest.

Nutritious meals were provided and where people had dietary requirements, these were met.
Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff had a clear understanding of their role and how to support people who used the service as individuals. Staff knew people well and treated them with kindness and compassion. People's dignity was maintained and promoted.

People's independence was promoted and staff treated people with dignity and respect. People were supported to follow their interests and engage in activities. We observed times of inactivity for some people. Staff told us that there were times when more activities could be promoted.

Staff felt supported by the manager. The manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the manager and were confident that they would address issues if required. Relatives found the manager to be approachable.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

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

Staff understood how to keep people safe. Risks were assessed and managed to protect them from harm. People received their medicines as required and they were administered safely.

Is the service effective?

Requires Improvement

The service was not effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health and their nutritional and hydration needs were assessed and met.
Records did not confirm that people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion and respected their privacy.. Staff communicated effectively with people using the service.

Is the service responsive?

Good

The service was responsive

Staff had a clear understanding of people's needs and supported people as individuals. People were involved in planning and reviewing their care. The manager had sought feedback from people using the service.

Is the service well-led?

Good

The service was well led

People knew who the manager was and would feel comfortable to address issues with them. Systems were in place to monitor

the quality of the service being provided. The staff team felt supported by their managers.

Rutland House Community Trust

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.'

The inspection site visit took place on 11 July 2016. It was an unannounced inspection. The inspection team consisted of an inspector 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.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with four people who used the service. We also spoke with two relatives of other people who used the service.

We spoke with the manager, two senior staff members and two care workers as well as the operations director. We looked at the care records of two people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Knowing staff are around" made them feel safe. One person explained to us that staff check on them and the other people at night before they go to bed and this made them feel safe.
People were supported to remain safe when their behaviour posed a risk to themselves or others. There was a challenging behaviour policy which aimed to ensure that any restrictive intervention used by staff was legal and ethically justified. Care plans and risk assessments were in place to guide staff of how to support people who may display challenging behaviour and staff received the appropriate training to keep themselves and people being supported safe.

There was a recruitment policy in place which the manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that all the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. This meant that safe recruitment practices were being followed.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. The provider was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. Clear records were kept to evidence what actions had been taken when a concern had been raised. Staff members had received retraining and supervision when a concern regarding potential abuse had been identified.

We received mixed views about whether there were enough staff to meet people's needs. One person told us, "They do always tell me they are too busy. This makes me feel very angry and upset." Another person told us, "They are busy sometimes." During our inspection we observed that staff were always present however not necessarily in communal areas where people were spending time. We were told that this was due to our inspection visit and that staff would usually spend more time in the lounge with people. Staff told us that there were enough staff to meet people's needs. We saw that there was a staff rota in place and that this reflected the number of staff present during our inspection. On the day of our inspection a member of staff had not been able to attend work as planned. We saw that suitable cover arrangements had been made.

People were supported with the right equipment to keep them safe. We saw that equipment was checked and maintained for safety and staff understood how to use it. One person had a sensor in their bedroom which helped staff know if they needed emergency medical attention while in bed. We saw that this was in place but that it wasn't routinely checked. We told the manager who assured us that they would ensure checks were made in line with the manufactories guidelines.

People could be assured that they received their medicines as prescribed by their doctor. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We saw that people's doctors were contacted when staff had a concern about people's medications. Staff had received appropriate training before they were able to administer medicines to people. Medicines were all stored securely. We saw that the temperature of the medicines cabinets were not routinely taken. It is important that medicines are not stored at a temperature that is too high, as this could compromise the medicines effectiveness. The manager assured us that they would monitor the temperature of medicine storage moving forward.

People were protected from risks relating to their conditions. One relative told us, "They are very careful about pressure sores." We found that risk assessments had been completed on areas such as moving and handling, nutrition, epilepsy and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. Risk assessments had been reviewed regularly and staff understood their role in following them. Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes were made as a result of the accident or incident where needed. For example when a medication administration error had occurred the manager had identified that the lighting had been poor when staff were referring to the MARS sheet. This was a contributing factor to the error and as a result they ensured that the lighting was improved in that area. The manager had systems in place that enabled them to look for trends in incidents or accidents.

Requires Improvement

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. One staff member said, "New staff have a two week induction but this can be extended if they need it." Training included manual handling and health and safety training. Staff confirmed that they had completed training and shadowed more experienced staff members before they supported people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

Staff told us that they had attended courses such as `dignity in care' and `safeguarding' and that practical sessions using people's safety equipment had taken place. One staff member told us, "I've done quite a lot of training recently, we have to keep up to date." Another staff member told us, "We are very lucky with training, we have lots." The staff training records showed that staff received regular refresher training and on-going learning.

We saw that staff had received additional training and support to enable them to better understand and support a person who's condition was deteriorating and resulting in behaviour of concern. One staff member told us, "I struggled with how [person's name] had dipped due to his [condition], They put me on training so I could get it into my head". We saw that in response to a person's condition the service had actively recruited a staff member who had experience of this particular condition. They helped to mentor other staff to implement effective measures to support the person.

The manager conducted regular supervision with staff members. During supervision staff's progress, competency in their role, training and support needs were discussed. This enabled the manager to evaluate what further support staff required from them. Action plans were then drawn up and timeframes agreed to ensure that development tasks were completed. We saw that these were then reviewed at the next supervision. Where a concern had been raised about a staff member we saw that the manager had addressed this with them during their supervision and made clear what the expectation was of them. We saw that staff competencies had been assessed to become a shift leader. This meant that the manager could be confident in staff abilities to take responsibility for the day to day running of the home. Other competencies that were assessed were for staff who gave people their medicines and nutrition to ensure that they were suitably trained and confident to carry out this task.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA we found that the way they documented assessments

about people's capacity was not robust. The manager told us that they would ensure that they were recorded appropriately in line with the MCA.

Staff had received training about the MCA and understood how it affected their role and the people they were supporting. We saw that DoLS applications had been made where required. However mental capacity assessments had not been formally completed and the appropriate records were not in place to support assessments. We did see that there was reference to people's ability to make decisions in their care plans. Where people may not have had the capacity to make decisions the relevant people had been consulted however a best interest decisions had not been recorded as having been made on behalf of people in line with the requirements of the MCA. The manager told us that they had advocated on behalf of people to ensure that they had not been unlawfully or unnecessarily restrained and that the least restrictive option was explored.

People were provided with nutritious meals. One person told us, "The food is nice, you just tell them what you want." The service did not employ a dedicated cook and meals were prepared by care staff. Staff had received appropriate food hygiene training. We asked people if staff cooked good meals. One person told us "They are alright." Where people had specialised nutritional needs these were catered for. Meal choices were offered in written as well as pictorial form to aid people's abilities to understand what was available to them. However the menu board was kept in the kitchen which was not kept open. We discussed this with the manager who told us that they would arrange for the menu to be displayed in a more prominent area.

We saw that people were being supported to maintain good health. People had access to health care professionals. One person told us that the chiropodist visits the home every six weeks and "I have just visited my dentist only a few weeks ago to have two teeth out. I see my GP regular." The records that the service kept with regard to health professional input were clear and in depth. We saw that the guidelines that had been provided to ensure people's health needs were met were being followed. For example one person had been experiencing deterioration in their condition. Health professionals had advised staff to conduct weekly monitoring to check for underlying causes. We saw that these were in place and had been effective in identifying an infection. This meant that the person was able to be treated more quickly as a result.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person described staff as "Kind." Another told us that staff were, "Nice." A relative told us, "I am generally very happy with the care and the staff. The staff are all good natured." Another relative told us, "They are very caring of [relative]. They are all very friendly and they are all kind." We observed interactions between people and staff that where on the whole positive and staff were attentive. We observed an occasion during our inspection when we felt that staff had not interacted with a person when they seemed to be seeking their attention. We discussed this with the manager who told us that they would investigate this. After the inspection we received confirmation that the manager had discussed this with the staff member and we were satisfied with the explanation that we received.

People's dignity was maintained and promoted. Staff were clear on how to do this. We saw in care plans that staff were guided with regard to how to support people during personal care tasks to maintain their dignity. For example, we saw that one plan informed staff that the person did not like to be touched without warning and therefore they must inform them of what was about to happen.

People independence was promoted. One person told us that they enjoys sweeping the floors in the dining room. They said, "I am pleased that staff let me do this, it gives me some independence. I do like my home to be nice and clean." Where people needed adapted equipment to help them maintain their independence this was provided. For example, if people needed a specially adapted cup for drinking. People's care plans made clear that they may require additional time to process what activity or task they were engaging in but that this should be respected and they should not be rushed or staff should not complete the task on their behalf. We observed that staff followed these guidelines during interactions with people.

People told us that they were not allowed in the kitchen because staff locked the door. They said they did not think that this was fair. The staff that we spoke to and the manager assured us that people were allowed into the kitchen whenever they wanted but that the door remained locked when not in use for safety reasons. One staff member told us, "People can access the kitchen with support. They get involved in the kitchen making their breakfast." We discussed this with the manager who told us that they would conduct a risk assessment and implement times when the door could be left unlocked. They also told us that they would ensure that people using the service were aware that they could access the kitchen with staff support whenever they wanted to.

People's bedrooms were respected as private and decorated to their specific tastes and reflected their interests. One person told us, "I've got my own room." Another person told us "My bedroom is nice, I have plenty of room." One relative told us, "Willowbrook is her home." A staff member said, "We are coming into their house, we do what they want." Another staff member said, "Bedrooms are very person centred with the things that they like." We saw that a bird table and bench in memory of a person's relative had been installed in the garden. This was put outside their bedroom window so that they could see it when they wanted to.

People were supported to maintain their personal appearance to the standard that they wanted. We saw

that people's care plans were explicit regarding the way that people wished to be supported to dress, including how they liked their makeup and accessories. We were told that a 'clothes show had been organised at the home so that a person who struggled to access clothes shops in the community could see and try on clothes at the home to enable them to make a choice about which clothes they wanted to buy.

Where people needed it there were additional communication aids to help people to have information in way that they understood. One person had photographs of the staff member who was supporting them each day in their bedrooms. We saw that one person had a board in their room where they could write the things that they wanted to remember and to help them order their thoughts. We saw that there was good signage within the building to aid orientation such as pictures on bedrooms and bathroom doors. The bathrooms had recently been redecorated and we saw that fixtures and fittings had been installed with an individual's particular sensory needs having been taken into account.

People were supported to make choices about things that were important to them. These included what they wanted to wear, what time they went to bed and which staff they wanted to support them. One staff member told us, "We try to involve choices." Where people were unable to make choices through speaking, this had been assessed and guidance provided to staff to help them support choice making via alternative means.

We saw that information about advocacy and other how people could keep themselves healthy, happy and safe were on display in the foyer. These were often in accessible language to make them easier for people to understand. The manager told us that they intended to develop these further.

Good

Is the service responsive?

Our findings

People told us that staff understood what care and support they wanted to receive. One person told us, "Staff are kind and helpful, they help me with my daily routines." Another person said, "Staff help me when I need support."

Staff understood people's individual needs. People's care plans included detailed information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans was person centred so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history.

People were supported to contribute to their own care planning and reviewing of their care. One relative told us that prior to a person moving in to the home they had been asked lots of questions about the person's likes and dislikes. This was so that a plan of care could be designed for them based on their preferences. We saw that people were invited to attend review meetings along with their family and other professionals. These meetings were designed to involve the people as much as they were able. Such as including photographs of things that they had taken part in for them to refer to. We saw that for one person who had experienced a deterioration in their health. As a result they did not seem, to staff who knew them well, to be getting as much enjoyment from their day program of activities. We saw that action had been taken as a result of the meeting to change their day program to better suit them.

Staff were required to record the support that they provided in people's daily notes. We saw that these records were detailed and reflected the support that people had requested. Important information about changes in care needs for people were shared with carers via a communication book which all staff read. Staff also shared information regarding people's care during staff handover. This was important so that staff coming on to a shift were made aware of the well-being of each person and any information relating to their care.

We received mixed views and observations regarding how the service supports people to follow their interests. We saw that most people were encouraged to access the local community and engage in vocational, recreational and educational activities. Some people had opted to not access day services and this had been respected. They said, "I do choose not to go out with staff." No replacement activity had been offered. One person did not have a planned program of activities that they engaged in. The manager told us that they were working to put one in place.

During observations we saw that there were times when people were not engaged in activities and spent time 'people watching' or watching the television. These activities had been identified as being their preferred things to do. Staff confirmed that these were people's preferred activities but told us that there were times when more activities could be promoted for all people who used the service. A relative told us,

"Maybe [relative] could do with going out more." We saw that some people did engage in activities when they returned to the home after attending day services. One person told us that they enjoyed, "Knitting and making things." We observed that they were knitting and had a large box of wool available to them. We were told that other 'ad-hoc' activities took place throughout the day.

People were supported to maintain relationships with people that were important to them. We saw that people's relatives were able to visit regularly if they wished and that important information about people had been shared with their relatives. One relative told us, "I feel involved as much as I can be." Another relative told us, "If they there are any problems they phone me." Staff showed us books and photographs containing information about activities and events that people had been involved in and these were shared with relatives when they visited. A person had celebrated their birthday the day before our inspection and they and other people told us that they had enjoyed the party. Staff told us that birthday parties were planned for other people and that people enjoyed celebratory events.

People's feedback was sought. People were allocated a key worker who met with them once a month to review what had happened in the last month. They were asked about the things that made them happy and sad, what had been good and if there was anything they had not enjoyed. The provider conducted meal satisfaction surveys. We saw that this had influenced the meal choices that were offered.

People told us that they would feel comfortable making a complaint. One person told us, "I would go to staff if he was feeling upset about something" Another person said, "I'd tell someone, talk to [manager] or [staff member]." Relatives told us that they had no complaints but if they did they would address them with either the provider or the manager. We saw that the complaints procedure was available to all people who used the service and visitors. This was in an accessible form to maximise people's understanding however required updating to reflect that the new manager was in post. The manager told us that they would do this immediately. We saw that when a complaint had been received appropriate action had been taken in line with the service complaints procedure and action taken to address the concern.

Good

Is the service well-led?

Our findings

People told us that they had confidence in the manager, knew who they were and would feel comfortable to address issues with them. One person told us, "[Managers name], she is alright." Another person said, "'The manager' would sort it." A relative told us, "[manager's name] is lovely. I would go to them first if something was wrong." Staff agreed. One staff member told us, "I am supported. My manager supports me very well." Another staff member said, "I could tell [manager] anything, she is great."

The person who was the registered manager had left the service. The current manager intended to apply to the care quality commission to become the registered manager. The operations director confirmed that they would support the manager in their application.

Staff were clear about the aims of the home. One staff member said, "We are a strong team. Everyone is here for [people who use the service], We do everything in the best interest of [people who use the service]." Another staff member said, "We try to make their daily routines and experiences as good as they can be. People are at the centre." Staff had access to policies and procedures and understood how to follow them. Staff were clear on their role and the expectations of them. We saw that the operations director had taken appropriate disciplinary action when required.

The manager ensured staff meetings took place regularly. Staff felt that they could talk freely about any concerns they might have. One staff member told us, "Staff are able to voice concerns, they are confident." During these meetings, the manager informed the staff team of any changes, training and changes in people's support were discussed. The meeting minuets reflected this.

The manager had effective systems for gathering information about the service. Processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement were in place. For example, an audit had identified that some care plans were in need of review. Once identified as an area for attention, the appropriate people were identified to address it and a time scale put in place for the work to be completed. We saw that checks were made to ensure that the work had been carried out.

The operations director visited the service regularly to audit care delivery, records and systems. They then produced an action plan for the registered manager to follow to ensure any actions required had been addressed. They told us that they often visited when the manager was not present to observe how the home was run at different times of the day. They told us that this offered staff the opportunity to raise concerns with them if they needed to. One staff member told us, "[operations director] does monthly visits, staff are honest with her." The operations director supported the manager in their role. They meet at least once a week to review progress and actions that had been set. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place.

Services are required to notify us of certain incidents which have occurred during, or as a result of, the

provision of care and support to people. The manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. The manager had not informed us when three DoLS applications had been granted. We pointed this out and they completed the appropriate notifications immediately.