

United Care limited

The Rubens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Rubens is a care home without nursing care. The home accommodates a maximum of 26 people in one large building. At the time of our inspection 26 people lived in the home, some of whom were living with dementia. Care was provided over two floors. On the ground floor there were two lounges, a large dining room and a smaller dining area. Bedrooms were located on the ground and first floor; a lift was available to the first floor. There was an enclosed garden with seating areas for people and relatives to enjoy.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Some people had not had Deprivation of Liberty Safeguards applications made which put them at risk.

Risks to people were not always assessed, managed or monitored safely. Risk assessments were not always completed for people's specific risks and falls were not always recognised as incidents and sufficiently monitored. Care plans were not always kept up to date with people's changing needs and support. Infection prevention control policies were not always followed regarding the environmental cleanliness and furnishings.

Staff had not received training around people's specific health conditions, such as diabetes. Several training courses had lapsed over time, meaning staff were due refresher training and some staff were waiting to attend courses.

The registered managers carried out quality assurance processes, including internal audits. However, these were not always effective in identifying the concerns we identified. This meant areas of improvement were missed which could potentially cause harm.

The provider acted quickly to the recommendations identified and has taken action to improve each area. These will be reviewed on the next inspection.

Medicines were managed safely by suitably trained staff and people received the medicines in a private and dignified way.

Staff used personal protective equipment (PPE) effectively and received infection prevention control training.

There were enough staff on duty to support people's needs and staff were recruited safely.

Staff understood what was meant by abuse and they were confident about how to report their concerns.

People, relatives and staff told us they felt involved in the service and able to express their opinions and make suggestions to improve the care provided.

Visiting professionals told us the culture was person centred and they confirmed how the provider works in partnership to achieve positive outcomes for people.

People and relatives were complementary about the meals provided. They told us people had choices over their meals and could have drinks and snacks when they wanted.

People, relatives and staff were confident to raise concerns or complaints and told us they felt these would be listened to and acted upon.

People had confidence in the registered manager's ability to lead the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 February 2019)

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention control, incident monitoring and risk assessing concerns. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We inspected and found there was a concern with Mental Capacity Assessments and Deprivation of Liberty Safeguard (DoLS) referrals, so we widened the scope of the inspection to include the key questions of Effective.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

The provider acted during and after the inspection to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Rubens on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to gaining peoples consent, acting in people's best interests, and governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Rubens

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors 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

The Rubens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. The Rubens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with seven people who use the service and five relatives about their experience of the care provided. We spoke with seven members of staff, this included care support staff, senior care staff and a cook. In addition, we with spoke with the registered manager and the deputy manager. We received feedback from two visiting health professionals. We reviewed a range of records. This included five people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. In addition, we reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed or mitigated. Risk assessments detailing how to respond to behaviours and specific health conditions such as diabetes were not in place. Although, staff had good knowledge about risks to people and told us how they supported people safely. The registered manager responded straight way and has completed relevant risk assessments.
- People's health recording and monitoring was detailed. People's weights and nutritional support requirements were recorded and monitored in line with their care plans.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.

Learning lessons when things go wrong

- Lessons were not always learned following incidents and accidents. Falls were recorded and identified as accidents. However, not all falls were identified as incidents and incident forms were not always completed. This meant the information prior to the fall and in response to the fall were not sufficiently recorded, monitored or shared with the staff team.
- Errors and mistakes were shared with the staff team in a timely manner. When errors occurred such as missing signatures on medication forms, these were shared and discussed in a team meeting. We reviewed minutes of meetings and staff told us how they discussed mistakes openly as a team.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were areas of the home which needed additional cleaning and furniture such as chairs and blinds needed replacing. The registered manager responded straight away by increasing domestic hours and ordering new furniture.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.
- Staff rotas were in place to monitor and record safe staffing levels. One staff member said, "There are enough staff on duty. If we are struggling the registered manager comes on shift. They are really supportive."
- Relatives felt there were enough staff on duty to meet their family member's needs. One relative said, "From what I can see when I am here, there are always enough staff."

Using medicines safely

- Medicines were managed safely. People received their medicines at the right time. One person said, "All of the staff are qualified, and medication is double checked. There's a system in place so I always get my medicine. The system works."
- Medicine Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturers guidance.
- An observation of medication administration showed how people received medication in a private and dignified manner.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home and with the staff who supported them. One person told us, "I feel safe knowing everyone is around."
- Relatives felt their family member were safely supported. One relative said, "[My family member] is safe here. They enable [my family member] to do the things they want to do whilst keeping them safe."
- Staff had received safeguarding training and told us about the whistleblowing policy. One staff member said, "I would report any concerns directly to the registered manager."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had not always made appropriate Deprivation of Liberty Safeguard (DoLS) applications for people who required this level of protection to keep them safe and meet their needs. Five people were identified as having restrictions in place. However, DoLS applications had not been submitted with the local authority.
- People did not always have their mental capacity assessed when necessary and best interest meetings had not always taken place to ensure decisions made were appropriate and least restrictive. For example, the door to the property was locked, restricting people from leaving the property independently. However, mental capacity assessments had not always been carried out.
- The registered manager explained how they had experienced difficulties arranging for the local authority to carry out mental capacity assessments. Although, they were now receiving support from the local authority to arrange assessments to be carried out as soon as possible. We saw emails going back and forth to the local authority confirming this. However, people had been living in the home for several months without an assessment or DoLS applications submitted.
- Staff had attended mental capacity training. However, some training had occurred over four years ago, and some staff were unclear of the principles of the Mental Capacity Act 2005 and DoLS.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate care and treatment of service users was being provided with the consent of the relevant person. This potentially placed people at risk of harm because some people were unable to give such consent because they lacked capacity to do so. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager responded immediately and submitted DoLS applications with the local authority. Additional mental capacity training was scheduled to take place later in the month and support was ongoing with the local authority. We will review these measures in the next inspection.

- People told us they were given choices. One person told us, "They [staff] respect my own decisions and only help when I need it."

Staff support: induction, training, skills and experience

- Training records confirmed staff received induction and training. Although, there were gaps in records and prolonged periods of time between some refresher courses. Specific training courses, such as diabetes, needed to be implemented. The registered manager responded straight away and scheduled the relevant courses.
- Staff received support in the form of continual supervision. One staff member told us, "We feel supported. There are regular supervisions where we can talk about any concerns or look at courses we need to complete."
- Regular meetings took place with the staff team. We saw minutes showing how new training courses such as catheter care were discussed within the meetings. This showed how the provider discussed future training with the staff team and sought their opinion.

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

- The home was tired and in need of refurbishment. We identified areas where blinds were broken, chairs torn, radiator cover broken and general wear and tear. The registered manager responded straight away and ordered new furnishing.
- People and relatives were complementary of the home. One person told us how the home was 'homely'. One relative told us it was a calm environment and how their family member felt at home.
- People's needs were met by the design of the home. Handrails were fitted around the home to ensure people could walk safely. There were pictures and designs around the home to help people to orientate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. These were reviewed on a regular basis. Although, specific assessments relating to people's health conditions needed to be implemented.
- Staff told us about people's care plans without referring to documentation. Staff told us about people's care, likes and dislikes. One staff member said, "I have had plenty of time to read the care plans. We are told if there are any updates or changes."
- The registered manager worked collaboratively with other health professionals when assessing people's needs. One visiting health professional told us, "The registered manager works with me collaboratively to ensure best outcomes in terms of investigations, hospital appointments, medications and so on."

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

- People were supported to have enough to eat and drink to maintain their health. One person said, "The

food is beautiful. The cook makes fresh meals and there is always a choice."

- Staff asked people if they wanted drinks or snacks throughout the day. We saw people helping themselves to fruit. One staff member said, "It's their home. People can have a drink, biscuits or cake. It is up to them. If they want snack or a drink, we get it for them."
- The mealtime experience was a very sociable event. People could choose where they wanted to eat and who they wanted to sit next to.

Staff working with other agencies to provide consistent, effective, timely care

- Healthcare records showed how people's health needs were regularly assessed and reviewed. We saw how appointments were attended and recorded in people's health records.
- The records showed how staff followed the recommendations made by healthcare professionals. One visiting health professional told us, "[The registered manager] is very professional and well organised. They always appropriately escalate concerns regarding the physical and mental health of the residents."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Checks and audits completed were not always effective and some were out of date. Risks and areas of concern were not effectively identified. For example, quality monitoring systems had failed to identify people did not have specific health and behavioural risk assessments in place.
- Care plans and risk assessments were not always updated following changes in people's care and support needs. We saw examples where the support details recorded in care plans no longer applied to the person. Staff we spoke with on the day of inspection were aware of these changes. However, having out of date information increases the risk of mistakes occurring or confusion for new staff or agency staff members.
- Incident monitoring was insufficient to monitor trends. Falls were not always being recorded as incidents. This meant important details such as the events which led to the fall and the response were not always being recorded. Therefore, trends or environmental hazards could be missed which may increase the risk of additional falls.
- Systems and audits had failed to identify people did not have all the necessary mental capacity assessments in place and a DoLS had not been applied for, despite people's care files being reviewed.
- Training in mental capacity and DoLS was insufficient to ensure staff understood their duties under the law. The training matrix identified gaps showing some staff had not attended certain courses or a significant time had lapsed between refreshers. Courses covering people's specific health needs such as diabetes were required for staff to understand the signs and symptoms and how best to respond.
- Infection prevention control audits were insufficient to monitor effective cleanliness of the environment. Recent audits showed how radiator covers, carpets and surfaces were clean. However, when inspected these were not sufficiently clean and some furnishings needed replacing.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered responded during and after the inspection. Risk assessments were completed and auditing improvements identified. Incident recording and monitoring included falls. Support was received from the local authority regarding mental capacity assessments and DoLS authorisations had been submitted. Training courses and refresher training were scheduled and domestic cleaning hours were increased. We will assess the effectiveness of these at our next inspection.

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

- The culture was person centred. One person told us, "It's fab. It's the best place ever. Staff are amazing." Another person said, "They always respect my dignity."
- Relatives felt the culture was empowering. One relative told us how the staff encouraged their family member to continue with chores they enjoyed, explaining how it was important for them. They added, "They treat [family member] like family and that is really important to us."
- Staff told us how the culture was inclusive. One staff member said, "There is an open-door policy here. We can raise any concerns or suggestions with the manager."
- Visiting professionals told us the culture was positive and person focused. One visiting health professional said, "I have witnessed patience and kindness from the staff towards the residents. I feel the positive attitude of staff comes from their registered manager and their leadership."

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

- The registered manager was clear about their duty of candour. They explained the importance of managing an open and transparent service.
- Staff told us how incidents and mistakes were shared and discussed within regular team meetings and handovers in order to learn from them.

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

- People were involved in the service. We reviewed resident meetings minutes which showed how people made suggestions and how these were acted upon.
- Relatives felt involved in the service. One relative told us, "The [registered manager] rings and asks our opinion. I would tell the [registered manager] any thoughts or concerns I had."
- Staff told us they felt engaged in the service. We saw minutes of regular meetings and supervisions. One staff member told us, "[Registered Manager] is a star. Such a nice person, you can just talk to them. They always listen to any concerns and they are open to suggestions."

Continuous learning and improving care

- The provider had an annual action plan for the direction of the service. We reviewed the 2022 annual action plan. This identified additional training planned and areas of refurbishment required in the home. However, we found further improvements were needed to address the concerns highlighted in this inspection. The registered manager has included these improvements into the providers future plans.
- Staff felt able to suggest improvements to the care practices. One staff member told us about improvements they had made to activities in the home. They had brought items of historical interest and had spent time talking about these with the people living in the home. They told us about the positive impact this made to people.

Working in partnership with others

- Records showed collaboration with numerous health and social care professionals.
- Visiting professionals confirmed collaborative working. They told us how they regularly visit the service and attend to the people living in the home.
- The provider was a member of a local organisation which connects social care providers throughout the county, and they were members of a dementia support group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not always having their mental capacity assessed; DoLS were not always applied for in a timely manner
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements. Incidents and risks were not effectively monitored and recorded. Staff training and care recording were not always up to date.