

Mrs Mary Jarvis

Rathmore Care Home

Inspection report

3 St Annes Road East
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20 March 2017

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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 visit took place on 16 and 20 March 2017 and was unannounced.

Rathmore Care Home is a small residential home situated close to local amenities in the town of St Annes. The home is registered to provide accommodation for up to eight people who require help with personal care.

At the last inspection in December 2014 the service was rated 'Good'. However, a rating of 'requires improvement' had been identified in the 'well-led' domain. This was in relation to a lack of recording of checks that were undertaken to monitor and improve the quality of the service. This had now been addressed by the registered manager. At this inspection we found the service remained good.

The registered manager had implemented recording of checks to monitor and improve the quality of the service provided. They used a variety of methods to assess and monitor the quality of care at Rathmore Care Home. These included regular audits of the service, satisfaction surveys and day to day conversations, to seek the views of people about the quality of care at the home.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Safe systems were in place to manage people's medicines.

Safe systems of recruitment of staff were in place. Checks were carried out to ensure suitable people were employed to work at the home. Staff confirmed they only commenced employment when all checks had been completed.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Sufficient staff were on duty to support people.

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

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate, their relatives were involved in decisions and consented to their care.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided.

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised and were happy with the level of activities provided.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

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 was well-led.

The registered manager had implemented improved recording of checks that were undertaken to monitor and improve the quality of the service.

People we spoke with told us the registered manager was approachable and listened to any comments or suggestions they had.

Staff demonstrated a good understanding of their roles and responsibilities. The service worked in partnership with external health and social care professionals to ensure they provided a quality service.

Rathmore Care 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 visit took place on 16 and 20 March 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held on Rathmore Care Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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 provided us with information and numerical data about the operation of the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the home including two people who lived at the home, two relatives and four staff members, including the registered manager.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records related to the management of the service. We also contacted health and social care professionals for information they may hold about the service. This helped us to gain a balanced overview of what people experienced living at Rathmore Care Home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Rathmore Care Home and the way staff supported them. We asked people whether they felt safe and received comments including, "Yes, I feel safe. It's secure and the staff are always around to make sure we're all ok." Another person said, "Yes, it's a nice place to be." The two relatives we spoke with told us they had no concerns at all about their loved ones' safety.

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering care to people. Where potential risks had been identified the action taken by the service had been recorded.

The registered manager worked at the home most days and told us they were able to monitor closely whether staffing levels were sufficient to meet people's needs. Staff we spoke with told us they always had enough staff on duty to make sure people's needs were met safely. The two people we spoke with told us staff were very attentive and had time to sit and chat. People also told us they did not have to wait any length of time if they required assistance from staff. Relatives confirmed they thought there were always enough staff on duty.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the registered manager.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the lunchtime medication round. Records showed medication had been signed for and administered. We spoke with staff who confirmed they followed safe procedures when administering medicines. This meant people had received their medication as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures.

The building was clean and tidy, with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

Relatives we spoke with told us their relatives were, "Well looked after". We found staff were aware of their responsibilities and were competent in supporting people to ensure their care needs were met. One person we spoke with told us, "The staff are great, they make sure I get all the help I need." Another person told us, "Yes, they know what they are doing. They look after me very well."

We observed the atmosphere was relaxed. We found by observing the daily routines people had unrestricted movement around the home and could go to their rooms if they chose to.

People we spoke with and their relatives said meals and food choices were of a good standard. Comments included, "The food is excellent." And, "The food is very good. I'm diabetic and a very fussy eater, so for me to say that, it must be good."

We observed lunchtime was a social occasion with people sitting and chatting in the dining room as they ate their meals. During the day, snacks and drinks were offered to people morning and afternoons. One person who lived at the home said, "You can have a drink or something to eat anytime you like, you just need to ask."

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We observed the service had received a DoLS authorisation for one person, who was unable to go out of the home safely on their own. The service had worked with the person's social worker to help the person to go out into the community three times per week, with staff from an external agency. The registered manager had considered the conditions on the person's DoLS authorisation when they produced the person's written plan of care.

We walked around the premises and garden areas and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the front garden where there was a lawn and various flowers and shrubs. People with limited mobility were able to access the upper floors of the home by way of a stair-lift. Bedrooms and communal areas had been decorated to a good standard which provided a pleasant space for people.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded and what action had been taken.

Is the service caring?

Our findings

People who lived at the home and relatives we spoke with gave us positive feedback about attitudes of staff and how they cared for people. People and staff we spoke with told us it was like, "One big family". When asked what they meant by this, they replied, "Everyone really cares about each other". One relative said, "I think it's lovely. Mum is very happy here. There's nothing you can fault about the staff." A person who lived at the home said, "The staff are wonderful. Nothing is ever too much trouble."

We observed staff during the day interacted with people in a friendly and relaxed way. Throughout the day staff and people who lived at the home engaged in conversation and friendly banter. People who lived at the home told us they enjoyed the banter with staff.

Staff had a good understanding of protecting and respecting people's human rights. We found by talking with staff they had a good knowledge of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. For example one staff member said, "Everyone is different, so they have the right to be treated as they want."

We saw many instances during the inspection visit of how staff maintained people's privacy and dignity. For example, staff knocked on people's bedroom doors before entering and also spoke with people using their preferred name of address.

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information available for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw many 'thank you' cards from relatives of people who had received end of life care at the home. They contained lots of positive comments about the care provided by the service and about the approach of the staff team.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they felt the service was responsive to people's needs. They explained the registered manager or senior staff had taken time to get to know them and their needs when producing a written plan of care. People who lived at the home and relatives told us they made their views known and staff responded to what their choices and needs were. This helped to ensure people received the care they needed in the way they wanted it to be provided.

Three care plans we looked at were clear about the support needs of people and how they wanted their care to be provided. They had been kept under review by the registered manager or senior staff. We saw where people's needs had changed, their care plan had been updated to reflect this. For example, following a fall or advice from healthcare professionals.

The service had a complaints procedure which was made available to people on and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and Care Quality Commission, (CQC) had been provided should people wish to refer their concerns to those organisations. Relatives we spoke with confirmed information on how to make a complaint had been provided to them.

None of the people we spoke with had ever had cause to make a complaint. They explained that if they had any problems or concerns, they could talk to any of the staff or the registered manager. People and their relatives were confident the registered manager would deal with any issues they brought to them.

People we spoke with were satisfied with the level of activities and stimulation provided at the home. Activities included exercises, board games, crafts and painting amongst others. People explained they were able to access the local community if they wished. People told us they had parties on special occasions, such as birthdays, and had taken trips out together in the locality.

Is the service well-led?

Our findings

There was a registered manager employed at Rathmore Care Home. 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 who lived at the home and relatives we spoke with told us they thought the registered manager was always available to talk and was approachable. They told us they had good communications with the registered manager and always thought they were listened to.

At our last inspection in December 2014, we made a recommendation to the provider about formally recording the audits and checks they completed. At this inspection, we found the provider had implemented recording of checks to help ensure risks to people's health and safety were monitored. The registered manager explained they and the senior staff team took responsibility for ensuring care plans, medicines and various other elements of the service were managed to a high standard.

The service used satisfaction surveys to gain the views of people who lived at the home and their relatives. We saw the service scored very well in the last survey and saw many positive comments about the staff and the manager had been received. People we spoke with told us they could share their views and opinions with the registered manager at any time and were confident they would be taken seriously.

Due to the small size of the staff team, no formal staff meetings were held. The registered manager and staff we spoke with explained they felt meetings were not necessary. This was because they all worked together on various days of the week and had regular conversations about people who lived at the home, any concerns and any ideas for improving the service.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them. They also told us they supported them to provide quality care.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's and district nurses. The service also worked closely with one person's Independent Mental Capacity Advocate (IMCA). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.