Rearsby Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 January 2015 and was unannounced.

At the last inspection on 2 June 2014 we found the service met all the regulations we looked at.

Rearsby Care Limited is a care home for up to 27. The home specialises in caring for older people including those with physical and sensory disabilities and people living with dementia. At the time of our inspection there were 25 people present and two people in hospital.

Rearsby Care Limited is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

People told us they felt safe with the staff that looked after them. People who used the service gave us positive

Summary of findings

feedback about how their care and support needs were met. Staff had a good understanding of their role in meeting people's needs and the actions they should take if they had any concerns about people's safety.

People also told us how they were involved in the development of their plans of care. Whilst people did not raise any concerns about the administration of medicines, we found two concerns that we brought to the attention of the manager.

People's dependency needs had been assessed and the manager had identified that an additional care staff member was required for the mornings. The manager had been unsuccessful in recruiting but was pursuing this.

People told us they felt confident that staff were knowledgeable, competent and experienced and that consent was sought before care and support was provided. People gave examples of how the staff had supported them to maintain their general health by accessing healthcare services. They said that they felt staff listened to them and responded promptly and effectively if there were changes to their health and welfare needs.

Staff had received an appropriate induction and ongoing training and support. Staff supported people to access healthcare services and worked with healthcare professionals in meeting people's needs.

People told us they had sufficient to eat and drink and that they were happy with the food choices. People's dietary and nutritional needs had been assessed and planned for.

The manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the action required to ensure people were not unlawfully restricted.

People spoke positively about the staff's approach and the care and support they provided. This included respecting their privacy and treating them with dignity. People had been asked about their preferences in the way they were cared for such as their routines and what was important to them. Staff were aware of people's individual needs and preferences.

Throughout our inspection we saw people's dignity and privacy was respected, which promoted their wellbeing. The atmosphere was calm and relaxed and people looked comfortable in the presence of staff.

Whilst people received some opportunities to engage in activities it was unclear if people were supported to peruse their interest and hobbies. The visual environment could have been improved upon to support people with memory loss to promote independence and maintain their sense of identity and find their way around.

People said they felt confident to raise any issues, concerns or complaints if they had any. They also spoke positively about the leadership and that they felt the communication was good within the service. Staff said they felt supported.

The provider had quality assurance systems and processes in place that showed how they were monitoring the quality and safety of the service.

Summary of findings

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 safe

Good

People were supported by staff that had received appropriate training and were aware of their responsibilities of how to keep people safe and report concerns.

Risk plans were in place to protect people and were regularly reviewed. This included risk plans for the environment to ensure the premises were safe. People received their medicines as prescribed by their GP.

Staffing levels were based on people's individual needs. An additional staff member was required for the morning and action had been taken to address this.

Is the service effective?
The service was effective

Good

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were adhered to.

People were cared for by staff that had received an appropriate induction and ongoing training and support.

People received appropriate food choices that provided a well- balanced diet and met people's nutritional needs. People received support to access healthcare services.

Is the service caring?
The service was caring

Good

People were treated with kindness and compassion. Staff were respectful towards people and knowledgeable about people's needs.

People were supported to be involved as fully as possible in decisions and discussions about their care and support.

People had access to independent advocacy information if required.

Is the service responsive?
The service was responsive

Good

People had information available to them about how to make a complaint. They said they felt confident to raise concerns if needed and that they would be listened to.

People had been asked about their preference and what was important to them in the way they were cared for. Staff were knowledgeable about people's needs and what was important to them.

People had been involved in their assessment and reviews of their plans of care.

Is the service well-led?
The service was well-led

Good

People told us they were happy with the leadership and that they had easy access to the manager.

Summary of findings

Effective systems were used to regularly assess and monitor the quality of the service.

Staff received appropriate support from the manager.

Rearsby Home Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 January 2015 and was unannounced.

The inspection was completed by two inspectors and an Expert-by-Experience. The Expert by Experience had personal experience of caring for someone using health and care services.

Before our inspection we looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received from people who used the service, their relatives and health and social care professionals.

We contacted the local authority who had funding responsibility for some people who were using the service and had a contract with the provider for their views about the service.

We spoke with six people who used the service. We also spoke with two visiting relatives of some of the people we spoke with and other people for their views about the service. We spoke with the registered manager, deputy manager, three care staff and the cook. We also spoke with a visiting community psychiatric nurse and two community nurses for their views about the service. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, health and safety records, staff training and support and documents associated with quality assurance processes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI for two people.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe at the home. One person said, "I feel safe and well-looked after." This reflected other comments made by people. Relatives also spoke positively about the service and raised no concerns about people's safety.

There were procedures in place to minimise the risk of harm or abuse to people who used the service. Staff had a good understanding of what abuse was including their role and responsibility in reporting concerns and the action they should take. Staff also told us about the provider's policy and procedure for safeguarding and whistleblowing and gave examples of when they may use this.

From the information we looked at prior to the inspection, we were aware that the provider had reported safeguarding concerns to the local authority and us. The local authority has the lead role for investigating safeguarding incidents. We were aware that the provider had worked with the local authority to investigate concerns of a safeguarding nature and had taken appropriate action where necessary.

People's plans of care were supported with individual risk plans associated with their care needs and were reviewed regularly for any changes. We found measures to reduce identified risks were put into place that promoted people's safety and welfare. Records showed that advice was sought from health care professionals and guidance had been provided to staff to help them manage those risks safely. For example, some people lived with dementia and at times became anxious which sometimes affected their mood and behaviour. We saw risk plans advised staff of how to support and manage people's behaviours whilst minimising restrictions and respecting people's choice and control. We saw guidance from the community psychiatric nurse and a psychiatrist had been sought. In addition where people were at risk of developing pressure ulcers we saw risk plans were in place to manage this risk, including equipment such as pressure relieving cushions and bed mattresses. Where people had these assessed needs we checked that they had the required equipment in place and found they had.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were also in place. This also included safety checks on equipment and the premises to ensure people that used the service and staff, had safe and accessible equipment available to meet people's needs.

People that used the service including relatives did not raise any concerns about the staffing levels provided. One relative said, "There always seems enough staff, they're very nice" and "I've never seen them leave people and not attend to them."

Staff told us what the staffing levels were which matched the staff roster we looked at. Some staff said that they felt the morning was a particularly busy time and felt an additional staff member was required. Comments included, "Some people have dementia and their dependency needs fluctuates where they may need two staff to support them." Another said, "Staffing has been increased as the home is now full and due to resident's needs."

The manager told us how they assessed people's dependency needs which they used as the basis for deciding the staffing levels required to meet people's individual needs and keep people safe. They also said that they had identified that an additional member of staff was required for the early shift. They told us how they were in the process of trying to recruit but were finding this difficult. We noted that the manager worked alongside staff supporting people at mealtimes and with drinks throughout the day. Staff confirmed that the manager supported the staff at breakfast, lunch and teatime daily between Monday and Friday. However, they said this additional support was missed at the weekends and that an additional staff member was required. Whilst the manager made themselves available to provide hands on support, we were concerned that this arrangement was not sufficiently robust to ensure people's individual needs were met over a seven day period. Since the inspection the manager told us of the action they had taken to address these shortfalls. This included ensuring staff were deployed appropriately to meet people's needs. Additional staff had also been appointed and plans were in place for them to receive an induction into the service.

Good

Is the service safe?

Staff employed at the service had relevant pre-employment checks before they commenced work. This was to check on their suitability to work at the service.

Some people required support with their medicines. We did not receive any issues or concerns from people or relatives about how people received their medicines. We observed medicines were administered safely, for example there were procedures in place to ensure medicines were administered to the right person at the time the GP prescribed them. We saw a member of staff stayed with the person until they had taken their medicine and that they were unhurried and patient. However, during our inspection we found a tablet on the floor in the lounge and additionally, whilst checking medicine records saw a person had not received their medicines. The person responsible for the administration of medicines were unable to account for both of these mistakes. We discussed what we found with the manager who agreed to discuss this with the staff.

We found that medicines were stored appropriately and audits were in place that checked for example the stock control. The provider had a policy and procedure advising staff about medicine management and we saw some evidence of spot checks that had been conducted by the manager to ensure staff trained to administer medicines were doing so appropriately and safely.

Good

Is the service effective?

Our findings

People we spoke with told us the staff understood their needs and how to help them with their daily living and personal care tasks. One person said, "The staff always seems to know what they are doing." Relatives also spoke positively about the staff and that they found them to be knowledgeable and competent.

The visiting healthcare professionals we spoke with told us that they found staff to be interested in developing their understanding of people's needs. They told us staff were supportive towards them on their visits and described the atmosphere as, "A calm and relaxed place."

We saw staff had a good understanding of people's individual needs, this showed us they had the skills and knowledge to support people effectively. For example, we observed staff supported people with their mobility needs. This was either walking with a person giving constant reassurance and at the person's own pace, or using equipment to effectively support a person whilst maintaining their independence as much as possible.

Staff told us about the induction they received when they first started and the ongoing training and development they received. Staff were positive about their experience and that they received the training they required to effectively meet people's individual needs. Comments included, "I've had training and an induction which included shadow shifts before being on the rota." Shadow shifts means that new staff shadow more experienced staff to become familiar with people's support needs and to develop skills and knowledge before supporting people independently. Another gave an example of the training they had received and said they met with their line manager regularly to review their practice and discuss their training and development needs.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment, and ensures people are not unlawfully restricted of their freedom or liberty. Whilst staff had received training on MCA and DoLS, they had limited understanding of this legislation. However, staff gave examples of how they supported people to make decisions about their daily life such as choice of meal and how they wanted to spend their time. We saw that staff gave people these choices during our visit and that they respected and acted upon people's decisions.

The manager was aware of their responsibilities regarding the MCA and the DoLS legislation. They were knowledgeable about how to protect the rights of people who did not have the mental capacity to make their own decisions about the care and treatment they received. We saw some examples that people's mental capacity to consent to decisions about their care and welfare had been formally assessed and best interest decisions recorded. However, we also saw an example where a person living with dementia had not had their mental capacity to consent to their care and treatment assessed. Some people had a Lasting Power of Attorney (LPA) that gave another person the legal authorisation to make decisions in the person's best interest. We found that a person had a LPA in place but their assessment of need and plans of care stated the person had mental capacity to make decisions about their care and support needs. We discussed this with the manager who confirmed the person had mental capacity and that they would speak with the person and LPA.

Whilst no applications had been submitted to the 'Supervisory Body' to deprive anyone of their liberty, we were aware that the manager had previously made an application which had been granted. This demonstrated their understanding and that they had taken appropriate action to protect a person when required. Due to changes with the DoLS legislation the manager told us they had spoken with the local authority and plans were in place to review every person's needs to make sure people's freedoms were effectively supported and protected.

People told us that they received sufficient amounts to eat and drink and that their experience of the food and mealtimes were good. One person said, "I can't grumble at that" whilst another person told us, "The food is very good and there is enough to eat," also commenting that there were always plenty of tea and biscuits as well.

We saw people had a choice of meals and breakfast included cereals and a cooked breakfast option which people told us they enjoyed. We observed staff to be attentive to people's needs by offering additional drinks and support and encouragement with their eating and drinking where required.

Good

Is the service effective?

We found the chef and staff to be knowledgeable about people's individual dietary and nutritional needs. This included people with health conditions such as diabetes, people at risk of choking which meant they required a soft diet, and people who needed a high calorie fortified diet due to concerns about their weight. We found the food stocks were plentiful and included fresh vegetables, fruit and food supplements prescribed by the GP. People could be assured that staff were aware of their dietary and nutritional needs and had the resources to meet these individual needs.

People had their individual dietary and nutritional needs assessed and where people were at risk of malnutrition and dehydration their food and fluid intake was monitored on a regular basis. People were weighed on a regular basis to ensure their health and wellbeing was monitored and action could be taken if concerns were identified. We saw how the service had worked with other healthcare professionals. For example, where people had been identified to be at risk with their eating and drinking or had specific health conditions, plans of care included recommendations from dieticians and speech and language therapists.

People told us that staff supported them with their health needs and that they had access to healthcare professionals and services. One person gave an example where they received support from a healthcare professional following a stroke. Another person said that staff supported them to visit the opticians.

The three visiting healthcare professionals we spoke with told us that the manager made appropriate and timely referrals for advice and support, and that they were confident their recommendations were followed and acted upon. Care files confirmed people were supported to maintain their health and that they had access to healthcare services.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the approach staff had. They told us that they found staff to be caring and kind. One person told us, "They're [staff] all nice and happy to do everything for me," Another said, "The staff are fantastic, I have no trouble with them at all." A relative told us, "What impresses us is the staff, how they care," Another said, "The staff are always smiling, not looking worn down."

Throughout our inspection we noted there was a positive and relaxed atmosphere. Staff spoke with people in a caring manner and addressed people by their preferred name. We saw staff were vigilant and acted quickly when they saw a person becoming anxious. Staff used diversion techniques, sat with them and offered assurance to help reduce their anxiety. The person responded positively to staff, which showed that they were comfortable with them.

We observed staff were attentive to people's needs. Some people lived with dementia and at times could become anxious for no apparent reason. We saw a person became anxious at lunchtime and how this affected their behaviour. Staff were quick to take action to manage the situation and maintain people's safety, whilst demonstrating a person centred approach in supporting the person.

People told us they felt staff supported them to be involved in making decisions about how they wished to be cared for. One person told us that the hairdresser visited every week to do their hair and that they saw the chiropodist every couple of months and the manicurist once a month. These things were important to the person and staff had ensured that they respected and acted upon their wishes. When we asked what was the best thing about living at the home they said "getting looked after."

During our inspection we saw staff communicated with people using a person centred approach that showed us staff were aware of people's individual communication needs. For example, we saw staff members talked to people in a calm and kind way, being aware of the language they used and tone of voice. We noted that staff got down to people's level so they could give eye contact to the person when communicating. We saw that a visual menu and what day of the week was correctly displayed to support people with their communication and orientation needs. The cook showed us the pictures they used to support people to make an informed choice of the meal they would like.

People gave examples of how staff treated them with dignity and respect and how their privacy was maintained when care and support was provided. One person said, "It's absolutely wonderful, they [staff] help us all the time." Another said, "I always feel they [staff] are polite, give me choices and respect what I say."

We observed staff treated people with dignity and respect; they were sensitive to people's needs and discreet when people required assistance with their personal care and support with eating and drinking. We found mealtimes were a calm and unhurried experience for people. Staff were organised and had a person centred approach by offering and respecting people's choices for example about where they sat. Staff understood the importance of respecting and promoting people's privacy and took care when they supported people.

People had a choice of where to spend time with their visitors and this included the choice of two lounges or their rooms. People's bedrooms were respected as their own space and we saw staff knocked and did not enter until asked to do so. One person chose to show us their room and we found it was comfortable and personalised to reflect their individual tastes and interests. We saw a notice that advised visitors that lunchtime was protected. This meant staff could not be interrupted whilst they supported people during this time.

We saw independent advocacy information was displayed for people that advertised the support people could receive from local advocacy services. This included specialist advocacy in mental health and charitable organisations.

Good

Is the service responsive?

Our findings

People that used the service and relatives told us that they had been involved in an assessment of their needs and in the development of their plans of care. Relatives told us that they were kept informed about their relatives care. One relative said, "The manager and staff are very approachable and will always tell me if there are any concerns," Another told us, "They [staff] always answer the phone and I get to speak to the manager." One relative told us that plans of care were in place for their relative and that they had been asked to attend a review meeting a few weeks prior to our visit. Another relative said, "Our views were sought for the care plan."

We saw from care files that any communication with relatives and representatives who had appropriate authorisation such as a lasting power of attorney had been recorded. We saw this included advising of any changes to a person's needs or concerns, including accidents or incidents. Some relatives had asked for communication in the form of an email, we saw information had been provided as requested. This showed that the provider had actively sought people's views and had communication systems in place that were responsive.

A relative told us that the manager was aware that their relative used to attend church and asked if they would like to take communion. They told us they were pleased that the home was being proactive in looking at what their relative might like to take part in. A person said, "I've got a very good family, they come and take me out." They told us that the staff reminded them of when their family were due and supported them to ensure they were ready to go out.

People told us that they had been asked about their routines and preferences and this included their preferred morning and night routines and their choice of male or female care staff with personal care. One person said, "Staff will ask if I am ready for bed and if I say no they will come back later." A further two people said that they liked to have a shower and they were asked in the morning if they preferred a shower or a wash. People were asked about their preferences and things that were important to them in the way they received their care.

There was a list of daily activities on a noticeboard including things such as; foot spa, dominos, snakes and ladders, sing along, card games and puzzles. Two people told us that someone came to the home to play music and sing songs. We saw that some people were reading the daily newspaper and during the morning one of the members of staff went round individuals getting them to throw hoops onto a board. Several people showed their enjoyment at being involved with this. There were several people who spent much of the time asleep with little attempt to involve them in anything. Whilst the manager told us that reminiscent boxes had been developed to support people to engage in activities and conversations relating to their interests and hobbies this was not evident on the day. The service lacked tactile and sensory stimulation for people with memory needs and those living with dementia. This included the environment, colour-coded signage may have helped those people who were confused and disorientated, maintain their sense of identity and find their way around.

People's care and welfare needs had been assessed and staff had information they required to support people to maintain their health. Staff also had access to people's plans of care, which contained information about people's interests and what was important to them. This information was reviewed regularly for any changes. Where changes had occurred plans of care had been amended to show this change. This ensured staff had up to date information that enabled them to be responsive to people's needs.

There were communication systems in place that informed staff on a daily basis if there were any changes to a person's health or welfare needs. For example there was a daily verbal handover between staff, a daily diary and a communication book.

We saw the provider had ensured people had access to the complaints policy and procedure if required. The provider had a system to record complaints and where complaints had been received, these had been responded to in a timely and appropriate manner. Information showed us that two complaints had been received, investigated and responded to since our last inspection.

Good

Is the service well-led?

Our findings

People that used the service and relatives told us that they felt the service was well managed. Whilst relatives told us they were not aware of any meetings that they could attend they felt they were kept informed of any issues. The manager confirmed that they did not provide meetings for people that used the service or relatives but had an open door policy and sent annual satisfaction surveys to people and their relatives. We saw that as part of the providers internal quality assurance system a survey had been sent to people that used the service, relatives and representatives in November 2014. Whilst we saw positive comments had been made the manager had not analysed the findings for any required action or provided people with the outcome of the survey which people may have found useful.

We found information on display that gave people information about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, including information about resident's rights and the provider's equal opportunities policy and dignity in care challenge. This demonstrated that the provider had a positive and person centred approach.

There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles, the development of the service and the care of people. Staff we spoke with had differing job roles they demonstrated they had a good understanding of their roles and responsibilities and how to access support. They also said they worked well as a team. The manager told us how they encouraged staff to identify in advance what they wished to discuss at staff meetings. We saw from meeting records that stated that staff meetings were three monthly and that meetings were used as an opportunity to discuss people's needs, improvements required and any changes affecting the service.

Health care professionals we spoke with told us that the service was well managed and staff were knowledgeable about the people they looked after. They found the manager was professional and promoted care that was person centred.

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with us. For example, we received notifications that informed us about changes affecting the service and significant incidents such as deaths and safeguarding concerns.

We saw that the internal audit systems in place were up to date. For example, annual safety and maintenance checks and audits on equipment had been completed such as fire safety equipment, lifts and hoists. We also saw the systems and procedures in place to audit and monitor care plan records, medication, including staff competency assessments on the administrating of medication.

This demonstrated the provider had systems in place to quality check the service provision and maintain standards.

There was evidence that learning from incidents was taking place. We saw information that showed investigations took place and appropriate changes were implemented when accidents happened. We saw an example of this where in agreement with the person and their representative, a sensor mat was placed in a person's bedroom to provide an additional alert if the person got up during the night.