

Rutland House Care Home Limited

Rutland House

Inspection report

67 All Saints Road
Sutton
SM1 3DQ
Tel: 02086445699

Date of inspection visit: 28/10/2014
Date of publication: 18/02/2015

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?

Requires Improvement 

Overall summary

This inspection took place on 28 October 2014 and was unannounced. At the last inspection on 16 December 2013 we found the service was meeting the regulations we looked at.

Rutland House is a care home that provides accommodation and personal care for up to 20 people. The service specialises in the care and support of older people who may be living with dementia. Accommodation is arranged over two floors and there is a stair lift to assist people to access the upper floor. The home has 12 single bedrooms and four double rooms.

None of the bedrooms have en-suite facilities. Communal areas include a lounge and dining area on the ground floor and a number of smaller sitting rooms on the first floor.

There were 19 people living at Rutland House when we visited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

They provider had failed to notify the CQC without delay about incidents that had affected the health, safety and welfare of people living at Rutland House such as allegations of abuse and applications made to the local authority to deprive people of their liberty. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at Rutland House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to keep people safe from harm or injury.

People receive their medicines as prescribed and staff know how to manage medicines safely.

There were enough properly trained and well supported staff working in the care home to meet people's needs. People told us, and we saw for ourselves, that staff had built up good working relationships with people who lived at the home. Staff were also familiar with people's individual needs and the choices they had made about the care they wanted to receive.

People told us they were happy living at Rutland House. They also told us staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity, respect and compassion.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt care and attention from appropriate health and social care professionals.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

People told us Rutland House was a comfortable place to live. We saw the environment was well maintained.

Care plans were in place which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. People were involved in developing and regularly reviewing their care plans and we saw people were supported to make decisions about their care and support.

People had access to their local community and could choose to participate in a variety of interesting and fulfilling in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made all visitors feel welcome.

The service had a clear management structure and people who lived there, relatives and staff felt comfortable about sharing their views and talking to the manager and co-owner if they had any concerns or ideas to make Rutland House at better place for people to live. The manager and co-owner demonstrated a good understanding of their role and responsibilities and staff told us the manager was competent, supportive and fair.

There were effective systems in place to monitor the safety and quality of the service provided at Rutland House. The provider regularly sought people's views about how the care and support they received could be improved.

The manager had sufficient training in Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff.

There were enough staff to support the people who lived at the home and meet their individual needs. People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective. Staff were suitably trained and were knowledgeable about the support people required and about how they wanted their care to be provided.

People were supported to eat and drink well and stay healthy

The provider met the requirements of the Mental Capacity Act 2005 MCA and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the MCA and DoLS.

Good



Is the service caring?

The service was caring. People were happy living at Rutland House. Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet.

People and their families were included in making decisions about their care.

People were supported to be independent by staff.

Good



Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

Staff demonstrated a good understanding of people's individual needs and choices.

People found the providers complaints process easy to use and were happy with the way any concerns or complaints they had raised were handled.

Good



Summary of findings

Is the service well-led?

One aspect of the service was not well led. The provider had not always notified the CQC in a timely way about all incidents that had affected the health and wellbeing of people who lived at the home.

The manager and co-owner demonstrated a good understanding of their roles and ran the service in an open and transparent way.

The views of people who lived at the home, relatives and staff were welcomed and valued by the manager and co-owner. They were used to make changes and improvements to the service where these were needed. Learning from investigations was used to drive improvements.

Requires Improvement



Rutland House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 October 2014 and was unannounced.

The inspection team included 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 services for older people living with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). 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. We looked at all the notifications we had received since we last inspected the service. We also contacted the commissioners of the service to obtain their views about Rutland House.

During our inspection we spoke with 10 people who use the service, seven visiting relatives, the registered manager, who was also a company director, another company director, and nine care staff. We also looked at records which included five care plans, four staff files and other records relating to the management of the service.

We spent time observing care and support being delivered in communal areas. We also 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.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe here." Relatives also told us they felt family members' were safe at Rutland House. One relative said, "The staff do a marvellous job looking after [my relative] and making sure she's always safe." Another relative said, "I think [my relative] is very safe here."

The provider took appropriate steps to protect people from abuse, neglect or harm. Records showed all staff had completed safeguarding adults training in the past 24 months. Staff were able to explain what constituted abuse or neglect, the signs they would look for to indicate someone may be at risk of this and the action they would take if they had concerns. For example, staff told us they would report any concerns they had about a person to the registered manager or co-owner immediately. One staff member said, "If I saw anything wrong here I would not hesitate to report it to the manager." Another member of staff told us, "I have never witnessed any ill treatment of people in the home." Safeguarding and whistle blowing policies and procedures were accessible to all staff which set out how they should do this. The co-owner told us staff were required to read these policies and procedures as part of their induction.

Where there had been safeguarding concerns about people using the service, the provider dealt with these appropriately. Staff from the local authority told us the service cooperated fully with all safeguarding investigations. We looked at safeguarding records and found that the provider worked within the safeguarding adult's processes to carry out investigations of incidents and took action to address issues raised. In one instance, disciplinary procedures were taken against staff where their poor practice had placed a person at risk of harm. This showed the provider had taken prompt and appropriate action when needed to ensure people were protected from avoidable harm or abuse that breached their rights.

The manager had assessed risks to people's health, safety and welfare. People's records showed there was detailed guidance that identified the hazards people might face and what action staff needed to take to minimise these known risks and keep people safe. This included information on how to keep people safe in the event of an emergency and risks associated with people's medical conditions, mobility/falls, environment, moving and handling, skin integrity,

nutrition/weight and pain management. We noted staff reviewed these risks regularly with people so that they were informed about what these risks were and how they could stay safe. Where there were changes or new risks people's records were updated promptly. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of injury or harm to them. It was clear from discussions with staff that they were fully aware of the potential risks people using the service may face. For example, one member of staff demonstrated a good understanding of the risks specific individuals might encounter eating a meal or climbing the stairs.

We observed staff were present in the home throughout the day particularly in communal areas. Relatives told us there were always enough staff on duty to meet their family members' needs when they visited. One relative said, "Staff are always busy, but as you can see there's plenty of them about today." When people needed help or called for assistance, we saw staff responded promptly.

We saw staffing levels were planned, based on who was living at Rutland House and the level of care and support each person required. The registered manager told us the staff rota and staffing levels were reviewed regularly by them to ensure there were enough staff on duty, with the appropriate skills, to meet people's current care and support needs.

The provider carried out regular service and maintenance checks to ensure the home, and equipment within it, were safe. We looked at maintenance and service records and saw up to date checks had been made of fire equipment, portable appliances, and the heating system and water temperatures. People were able to move freely around the home. Staff had ensured communal areas such as the lounge and hallways were clean and free from clutter which enabled people to walk safely around the home.

People were supported by staff to take their medicines as prescribed. People told us, and we saw, that they were given their prescribed medicines on time. Records showed people received their medicines safely. For example, each person had their own medicines record and this detailed all the medicines prescribed to them, why this had been prescribed, and the amount that should be taken, how and

Is the service safe?

when. We found no recording errors on any of the medicines administration record sheets we looked at. We saw staff had signed people's records each time medicines had been given.

Staff we spoke with understood about the safe storage, administration and management of medicines. Training records showed staff had received training in the safe handling and administration of medicines. The co-owner assessed staff's competencies in handling and

administering medicines, which ensured staff supporting people to take their medicines, had the skills and knowledge to do this safely. Medicines were kept safely in the home. People's medicines were stored in a locked metal cabinet securely fixed to wall. During our inspection we observed this cupboard was kept locked and only accessed by staff when people were due to take their medicines.

Is the service effective?

Our findings

People told us the home was a comfortable place to live. Relatives also told us they felt the environment at Rutland House was homely, pleasant and warm. One relative said, “I think the home has a very welcoming and friendly feel to it. The older style décor gives Rutland House a homely feel, which I’m sure [my relative] likes.” We saw suitable handrails in corridors and rooms to aid and support those who require them while walking and the use of easy to understand information for people, such as a notice board that displayed the time and date. This helped people living with dementia orientate themselves.

People were cared for by staff who received appropriate training and support. People told us staff knew how to look after them. One person said, “The staff seem to know what they are doing.” Relatives also told us they thought staff were suitably trained to meet their family members’ needs. One relative said, “The staff are amazing, I can’t fault any of them” and “I think there really good at their jobs.” Staff told us they received regular training that was relevant to their role as care workers which helped them understand the needs of the people they supported. One member of staff said, “I think my training was good and I feel well supported by the management.” A relatively new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role as a support worker. We saw records to show that the induction for all new staff included training in key aspects of their role, as well as shadowing experienced members of staff.

Training records showed there was a programme in place for all staff to attend training in topics and subjects relevant to their roles. The manager showed us a staff training needs and development plan they had created that showed staff received up to date training in key aspects of their role, for example, dementia awareness, moving and handling, and palliative/end of life care. Staff also told us they were able to regularly update their existing knowledge and skills, as well as learn new ones. For example, we saw records to show dates had been arranged for most of the staff team to receive managing challenging behaviour training in response to one person’s changing needs. Staff confirmed they had plenty of opportunities to continuously update training they had previously undertaken.

Staff had effective support and supervision. Records showed the manager met with staff on a regular basis to

discuss their work performance, their learning and development needs and any issues or concerns they had about their role. Staff confirmed this and told us these meetings were regularly used to test their knowledge and understanding of specific topics that were relevant to their role, such as the importance of handling medicines safely and assisting people with dignity at mealtimes.

People were able to make decisions about their everyday life. It was clear from speaking with relatives; they were actively involved by staff in supporting their family members to make more complex decisions about their care and support needs. Records we saw confirmed the above. Where people did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded where these had been made in people’s best interests.

Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. Training records showed all staff had attended training on the MCA and DoLS, which staff confirmed they had received. These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The service had policies and procedures which gave staff instructions and guidance about their duties in relation to the MCA and DoLS. All staff had signed to confirm they had read and understood these. The manager told us applications for one person had been made at the time of our inspection which had been approved by the local authority.

People who lived at the home and their relatives were positive about the quality and choice of the meals offered at Rutland House. Typical comments we received included, “I like the food here”, “the food is always good and served hot” and “a carer will cook me a fry-up or some type of egg meal if I ask them to”. Relatives also told us if their family member did not like their meal they could ask for it to be replaced with something else that was not on the menu. We observed lunch being served in the dining area and main lounge and noted the meal time was well organised

Is the service effective?

and people were provided with a pleasant and enjoyable experience. We saw one person who had told staff they did not want a hot meal for their lunch was provided sandwiches. We also saw people could choose when and where they ate their meals. For example, we saw some people chose to eat their lunch in the dining area, while others ate their meal in the lounge or in their bedrooms.

We saw all the meals served at lunch looked appetising. For example, we saw people on soft diets who needed their food pureed were served well-presented meals because the cook had ensured all the main ingredients had been kept separate. We saw before lunch was served all the staff who were on duty which included the manager and co-owner helped serve or support people who needed assistance to eat their meal. We observed staff sit down next to people they were supporting during lunch and take their time to explain what they were doing and what they

were eating for their lunch. We saw staff regularly offered people hot and cold drinks throughout our inspection and observed a jug of water was left in all the bedrooms we viewed.

People were supported to maintain good health. Care plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was also clear from information contained in care plans that people were in regular contact with a range of community based healthcare professionals such as GP's, district nurses, podiatrists, opticians and dentists. Staff we spoke demonstrated a good understanding and awareness of people's specific health care needs. The registered manager gave us several good examples of advice they had received and put into practice following referrals they had made to a tissue viability nurse and dietician.

Is the service caring?

Our findings

People were supported by caring staff. People told us they were happy living at Rutland House and that staff were caring and kind. One person commented, “I love everything here...I can’t fault the place”. Another person said, “The staff are so kind and friendly” and “living here is like living at home”. Relatives also commented positively about the home. Typical feedback we received from them included, “I am happy with everything here and the care [my relative] receives”, “I would not hesitate to recommend the home” and “I think this is the best home I’ve seen...No complaints whatsoever”. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care.

Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw staff interactions with people were characterised by respect, warmth and compassion. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took time to speak with people as they supported them. We also saw that the staff gave appropriate and timely reassurance to a person who became anxious and confused before lunch. Relatives told us, and we could see for ourselves, that staff spent quality time just engaging people in conversation or just sitting with them.

People were supported to get involved in making decisions about the care they received. People appeared comfortable speaking with staff and asked for their help and support in making decisions about what they would like to do. Relatives told us the service was good at keeping them informed of any changes in their family member’s conditions, along with any progress they had made. Relatives also confirmed that the staff knew the support people needed and their preferences about their care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. For example, they were able to describe different individual’s social interests and what their food likes and dislikes were.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there.

Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. The registered manager told us they had links to local advocacy services to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Relatives told us that they were able to visit their family members whenever they wanted. They said that there were no restrictions on the times they could visit the home. One person said, “We can visit without undue restrictions and staff always make us feel welcome.”

People’s right to privacy and dignity was promoted by staff. Relatives told us staff respected their family member’s privacy and dignity. One relative said, “I’ve often seen staff pull privacy screens across when they’re providing people with personal care in a shared bedroom.” We saw privacy screens were available in all four of the shared bedrooms. We also observed staff ensured personal care was always provided in the privacy of a person’s room and that they always knocked on doors and sought permission to enter before doing so. Staff described the action they took to ensure people’s privacy and dignity was protected, which included keeping curtains drawn, closing doors and ensuring people were suitably covered when they provided people with personal care.

People were supported to be as independent as possible. We saw staff encouraged people to do as much for themselves as they were able and wanted to do. For example, people told us, and we observed, staff support some people to go shopping in the local community. We also saw people used various items of equipment such as walking frames or adapted plates and cutlery to help them maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Is the service responsive?

Our findings

People who lived in the home and their relatives' told us they had been included in developing their care plans. One relative said, "The manager asked us what [my relative] liked to eat and do before she moved in." We saw care plans included an assessment of people's needs, wishes and abilities, which had been carried out by the manager before they were offered a place at Rutland House. These initial needs assessment were used to develop care plans. Care plans were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. Life histories, for example, gave staff information about people's life before they came to live in the home. Staff were knowledgeable about people's preferred names, their social interests and their food preferences and dislikes. This meant staff had access to detailed information about all the people who lived at Rutland House and clear guidance about how to support them. One member of staff told us, "I think the care plans we use here are extremely useful and easy to use."

People's care and support needs were reviewed by staff. Relatives told us they were included in reviewing their family member's care plan. We saw people's care records were updated to ensure the information they contained remained accurate and current. All the care plans we looked at had been signed and dated either by the person using the service and/or their representative to show they agreed with these. Staff told us everyone who lived at Rutland House had an allocated keyworker who helped coordinate and review their care plan at regular intervals.

People told us that they made choices about their lives and about the support they received. They said staff listened to them and respected their decisions and choices. One person said, "The staff always ask me what I would like to have for my lunch." Another person told us, "You can choose where you go in the home and what time you go to bed." Relatives also said staff encouraged their family members to make informed choices about how they lived their lives. For example, one relative told us, "Staff help [my relative] decide what and where they eat and drink, have a bath or shower, what they wear and get up and go to bed."

Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged interesting social activities for their loved ones to participate in if they wished. These included reminiscence groups, trips to the local park, sing-a-longs, life music and various parties. During the afternoon we observed staff initiate a group sing-a-long in the main lounge. People were given a choice about whether they took part in this event. The manager told us they employed an activities coordinator who helped organise and implement the weekly activity schedule. Staff told us religious services were regularly held in the home. We saw a range of leisure resources were available in the main communal areas such as books, films, music, board games and puzzles.

People told us they felt confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I would talk to the staff if I was unhappy about something." Relatives also told us they felt comfortable raising any issues or concerns they might have. One relative said, "The staff are very approachable here. I wouldn't hesitate to word missing here the manager if I wasn't one hundred percent happy with the care [my relative] receives."

The provider had a formal procedure for receiving and handling concerns and complaints. We saw a copy of the complaints procedure was clearly displayed in the home. Relatives told us their family members had been given this information when they first moved into Rutland House. The procedure clearly outlined how people could make a complaint and the process for dealing with this.

The registered manager told us they had received a number of complaints about the service in the twelve months before we carried out this inspection. . We saw the manager kept a record of all the complaints the service had received, which included the outcome of investigations carried out into the issues raised and actions taken to resolve them.

Is the service well-led?

Our findings

The registered manager and company director told us about a number of incidents which had occurred within the last 12 months and had adversely affected the health and wellbeing of some people who lived at Rutland House. These events had included allegations of abuse and an application made to the local authority to deprive someone of their liberty. It was clear from discussions we had with the registered manager and company director and records we looked at that all these incidents were dealt with appropriately involving all the relevant health and social care professionals at the time. However, the provider's failure to report these incidents to the Care Quality Commission was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People's relatives told us, and we saw, that the service had an open culture and was well-led by a competent manager. They were complimentary about the registered manager and the other company director's approach to running the care home. One relative said, "The manager is easy to talk to and will take on board what you have to say."

Furthermore, staff told us they felt Rutland House was a good place to work and praised the registered manager and company director co-owner for creating an open and supportive culture where any issues people might have could be raised. One member of staff said, "I think we've got a good team spirit." Staff also attended regular team meetings and formal supervision meetings with a senior member of staff member where they could raise any concerns they might have.

The service had a registered manager in post and we found a clear management structure was in place at Rutland House. One relative said, "It's easy to speak to the manager and owner because one or both of them are always on site." It was also clear from comments we received from the

registered manager and staff that they all understood the role they each played within this structure. The registered manager told us they were suitably qualified and experienced to run a care home for older people living with dementia. It was evident from discussions with the registered manager that they had a well-developed understanding of the values of dignity, respect, compassion, equality and diversity, which they put into practice.

People who lived at Rutland House and their relatives were asked for their views about the home and the service staff provided there. One person gave us an example of changes they had wanted to make to the furniture in their bedroom, which we saw had taken place. Relatives told us they felt involved in assessing the service and helping to make it a better place for their relative to live. For example, relatives confirmed the provider regularly invited them to participate in satisfaction surveys about the home. Two relatives said they had regular meetings with the registered manager and their family member's keyworker. One relative told us, "The manager always makes time to speak with me when we visit." Records showed staff met with people regularly, to discuss the care and support they received. One member of staff said they used the feedback they received from these meetings to plan activities and outings that people wanted.

The registered manager told us they and the staff team regularly carried out checks to assess the quality of service people experienced. Records showed managers and staff regularly checked the service's arrangements for reviewing care plans and risk assessments, managing medicines, infection control, fire safety, food hygiene, staff training, and record keeping. We saw that where any issues had been found as a result of these internal quality monitoring audits, an action plan was put in place which stated what the service needed to do to improve and progress against the actions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider had failed to notify the Care Quality Commission without delay about incidents that affected the health, safety and welfare of people using the service, such as allegations of abuse and applying to the relevant authority's to deprive someone of their liberty. Regulation 18(1)(2)(d)(e) & (f)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.