

Vista

The Kathleen Rutland Home

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 ●

Summary of findings

Overall summary

About the service

The Kathleen Rutland Home provides care for up to 44 older people who have a sensory impairment or are living with dementia.

People's experience of using this service:

After the inspection we received concerns in relation to the management of safety and risk for one person living with dementia who had left the service unsupervised and walked a long way on their own. This concern was being investigated by the local authority safeguarding team and by the provider's operations director.

People felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns. Systems and processes were in place to identify and manage risk. Action was taken when things went wrong to reduce the risk of reoccurrence.

There were enough staff with the right skills and experience to meet people's needs. People's medicines were managed in a safe way. The service was clean and staff followed infection prevention and control policies to reduce the risk of infection.

People had their needs and choices assessed before they began using the service. Care and support was delivered in line with evidence based best practice guidance. Staff received the training and support they required to meet people's needs. They had access to ongoing training and opportunities for professional development. People were supported to eat and drink enough and had a varied and balanced diet which they enjoyed. Staff recognized changes in people's health and supported them to access the healthcare services they required.

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

People received kind and compassionate care and support. They liked the staff and had developed positive relationships. Staff knew people well and understood how to meet their needs and how to provide comfort and reassurance. People were involved in making decisions about their care and support. People had their privacy and dignity protected.

Care and support was person centred and was delivered in the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff communicated with people effectively. People were occupied with activities and were able to pursue their interests and hobbies. People knew how to make a complaint and would feel confident doing so. Complaints were investigated

and used as an opportunity to learn and improve.

Staff had received training about supporting people at the end of their lives. The service had links with a hospice service for ongoing staff support and guidance about end of life care.

People and staff had confidence in their managers and felt supported. They told us the registered manager was accessible and approachable. There was an effective quality assurance system. Checks were carried out to ensure staff were following policies and procedures and people were safe. Action plans were developed when shortfalls were found and this contributed to continual learning and improvement. The registered manager was supported by senior managers from the wider organization.

People, their relatives and staff were asked for their feedback and this was used to develop the service and ensure it was meeting people's needs and preferences. The registered manager and staff worked closely with healthcare professionals and other agencies such as the local authority to make sure people received joined up care and support.

Rating at last inspection

The last rating for this service was requires improvement (published 28 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Kathleen Rutland Home

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 Care Act 2014.

Inspection team

The inspection team consisted of one 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

Kathleen Rutland is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, assistant manager and senior care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we received concerns in relation to the management of safety and risk for one person living with dementia who had left the service unsupervised and walked a long way on their own. This concern was being investigated by the local authority safeguarding team and by the provider's operations director.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe living at the service. One person said when asked about feeling safe, "Of course I feel safe, I am not worried at all, I am safer here than at home."
- Staff had received training and knew what to do if they had any concerns about people's safety. They knew how to recognise signs of abuse.
- A member of the senior care staff told us they were attending a course so they could train other staff about safeguarding people from abuse. They were taking on the safeguarding 'lead role' and this meant they would have additional responsibilities to ensure systems and processes protected people from abuse.
- Staff had received training and knew what to do if they had any concerns about people's safety. Staff knew how to recognise signs of abuse how to report it. They felt confident their managers would listen and take action. They had information and contact numbers for reporting any concerns.

Assessing risk, safety monitoring and management

- Risk was assessed and management plans were in place to reduce risk. For example, where a high risk of falls was identified, equipment such as motion sensors were used. A relative told us that following two falls, a pressure mat was provided to alert staff when the person was out of bed at night so they could check they were safe. People were referred to their GP and to a falls clinic to get advice about the best way to avoid falling.
- Environmental checks were carried out daily to make sure equipment was in good working order and the premises were safe. Staff used equipment such as hoists to transfer people with mobility problems in a safe way.
- Staff knew the best way to evacuate people in the event of an emergency such as a fire.

Staffing and recruitment

- People and staff said there were enough staff to meet people's needs. People told us they didn't have to wait and their calls bells were answered quickly. Staff spent time with people sitting and chatting as well as responding to their requests for assistance promptly.
- The registered manager regularly reviewed staffing numbers and skill mix to make sure this met people's needs. A needs dependency tool was used to calculate staffing requirements.
- There was a robust recruitment policy so that as far as possible, only staff with the right character and experience were employed. A staff member recently employed by the service confirmed the recruitment policy had been followed and checks and references were requested before employment began.

Using medicines safely

- Staff managed medicines well. They had undertaken training and had their competency checked so that they could give people their prescribed medicines safely.
- People told us staff supported them with their medicines in the right way. One person told us staff supported them with their medicines at the right time 'morning noon and night'.
- Staff spent time explaining what each medicine was for when they assisted people to take their medicine. This gave people choice and control over taking their medicines.
- Systems for recording medicines received into the service, administered or returned to pharmacy were electronic. This helped staff to monitor and audit the management of medicines. The electronic system alerted staff if a dose of medicine was missed or if it wasn't the correct time to administer the medicine.
- Staff knew what action they should take if there was a medicine error.
- Records were accurate and up to date. Medicines were stored securely and at the right temperatures. Records and storage areas were organised and staff understood how to manage medicines in an effective and safe way.
- People had their medicines reviewed by their doctor to check they were still required and were effective.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. The service was clean, fresh and tidy throughout.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons appropriately.
- Infection control meetings were held by the provider and attended by managers from all of their services. This meant systems and processes for preventing and controlling infection were continually being developed. New cleaning schedules were being introduced. Checks and audits were carried out quarterly.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- An airway clearance device was purchased following a choking incident at a different service.
- Procedures had been changed so that the doctor was informed every time a person had a fall. This meant that people accessed the support they required quickly. A new call bell system had been fitted and this had different alarm tones so that staff could alert other staff to come and assist when there was an emergency.
- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before being offered a place to ensure their needs could be met.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were respected and met.
- The registered manager and staff kept up to date with good practice through training, attending meetings within the provider group and with other organisations such as the Local authority. This ensured that staff delivered care in line with all relevant evidence based guidelines.

Staff support: induction, training, skills and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Staff were up to date with all training required to do their jobs.
- People and relatives told us staff were well trained and competent.
- A learning and development manager was employed to oversee the staff training and development requirements. They delivered training face to face and online and had developed training to suit individual staff learning styles.
- Staff were supported when they first began working at the service by a thorough induction training and opportunities to work with experienced care staff until they were confident and competent. A member of staff told us the training was good and they had 'learned so much'.
- Staff had access to nationally recognised training and qualifications in care and care management.
- There was ongoing support through staff 'supervision' where staff performance and learning and development needs were discussed and planned for.

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

- People and their relatives liked the meals provided and said they had enough to eat and drink. One person said, "Its great food, I am very pleased with the cooks. " Another person told us they had a choice at every meal and plenty to eat and drink.
- Staff offered people an assortment of fruit as a snack. The fruit was cut into small pieces and nicely presented in a small bowl. This encouraged a healthy and balanced diet.
- Care staff knew about people's individual nutritional and hydration needs. They knew what action to take to increase people's intake and keep people safe when they were at risk from choking.
- Risk of malnutrition was assessed and action was taken when risk was identified. For example, people were referred to their doctor and to a dietician and or speech and language therapist.
- People's weight was monitored and the amount people ate and drank each day was recorded where this

was required. This meant that staff quickly recognised when people had not had enough to eat or drink and could take action. Some people had additional milkshakes offered to them and meals were fortified to contain additional calories.

- There was a 'hydration corner' in the communal lounge to promote hydration. This consisted of a small fridge and jugs of juice for people, their visitors and staff to help themselves to the drinks provided .
- A member of staff was allocated each day to encourage people who required support to drink regularly throughout the day.

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

- Staff worked closely with other agencies such as the local authority and healthcare professionals so that people received the care and support they required when they needed it.

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

- People and relatives told us they were supported to see healthcare professionals such as doctors and opticians when this was required.
- Staff knew how to recognise when people were unwell and required the support of a healthcare professional.
- They supported people to attend appointments or to be seen in private by the professional at the service. Staff followed the advice and guidance provided by healthcare professionals.

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

- The service was purpose built and designed with one long corridor to assist people with visual impairment to orientate themselves.
- Some people had pictures or photographs they had chosen on their doors to assist them to identify their room.
- Outside areas were accessible for people with a disability and provided a pleasant space to sit or spend time in the outdoors.

Ensuring consent to care and treatment in line with law and guidance

- People said staff always asked their permission before providing care or support. We saw staff asking people and explaining what they were doing when using a mobility hoist and assisting people with their meals.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. A staff member had been given the additional responsibility of becoming the 'lead' for MCA and DoLS. They had ensured information about each DoLS and how this should be applied in the least restrictive way was recorded in people's care plan.
- Staff knew and understood how to support people to make choices. A care staff member told us they always presumed people had the capacity to make decisions unless told otherwise.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; respecting equality and diversity

- People and relatives told us staff were kind, caring and respectful. One person told us, "The staff are fantastic."
- Interactions between people and staff were positive. Staff had time to spend with people and spent time sitting and chatting. Staff were caring and asked people if they were ok. They joked with people and made them laugh.
- Staff knew people well and the things that were important to them. A member of staff explained how they found out about each person, what they used to do and what they enjoyed doing. They said, "We find a common ground and build a relationship on that."
- Staff quickly responded when a person was becoming distressed. They spent time with the person and walked with them around the service chatting to them about the things they liked. This reassured the person and eased their distress.
- A 'call bell no pass zone' policy had been introduced and this meant staff responded to people requesting assistance quickly. Staff were instructed to answer call bells when they were passing even if they were involved in another task. This meant the person requesting assistance knew that staff were aware and when they could expect staff to attend to them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and day to day lives. People and their relatives were involved in developing their care plans. Staff carried out care plan reviews with the person and recorded any changes requested.
- Care plans contained information and instruction to staff about the things that were important to them and the way they preferred to be supported. For example, one person's care plan stated how important family members were to this person and suggested staff should talk to the person about their favourite hobbies.
- Staff gave people choices, they knew the most effective way to communicate with them. They ensured people with visual impairment knew their location and who was sitting next to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- People were asked if they had a preferred gender of care staff supporting them and this was respected.
- Staff knocked on people's doors before entering their private rooms. They spoke with people discreetly in the communal areas and made sure people's dignity was protected when being moved in the hoist.

- Dignity training was provided to all staff. Some staff had received additional training to act as dignity champions at the service. Staff knew how to protect people's privacy when providing personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff considered and met people's physical, mental, emotional and social needs. Care plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate. They recorded people's social, cultural and religious needs.
- Care and support was personalised and met people's needs and preferences. Staff involved people and their relatives in developing their care plan and made changes to reflect changing needs and circumstances.
- The registered manager gave us examples of person centred care and support. A security screen had been fitted for one person so they could keep their window open at night as they wished to. Another person preferred to sleep in their chair so staff took advice from healthcare professionals about how to accommodate this and keep the person safe.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.
- People were supported to follow their chosen religion. There was a chapel within the service.

Meeting people's communication needs

- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard.
- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager told us that information was available in large print and braille and could be translated in to other languages on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to follow their interests and hobbies and take part in activities they enjoyed.
- There was a pet rabbit and birds that people enjoyed spending time with.
- Children from a local nursery school came into the service. A member of staff said, "People really enjoy this interaction and smile when watching the children."
- During our visit, people were occupied playing dominos and taking part in a quiz. People were supported to continue with their hobbies such as knitting and gardening.

- Activities staff were employed, they had received training about providing meaningful activities. They took people out in the minibus and provided a range of arts and craft such as pottery, baking and reminiscence.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident raising a complaint and were sure that staff and managers would listen and take action.
- The provider's complaints procedure was given to people when they first began using the service.
- Complaints were used as an opportunity to learn and improve. The registered manager gave us examples of how they had resolved complaints and used them as a learning opportunity and had made changes. This included improving communication between staff and relatives.

End of life care and support

- People had opportunities to discuss their end-of-life wishes and these were recorded in people's care plans.
- Staff had received training about end of life care and felt confident that they provided this care well, supported by GPs and community nurses.
- The service was taking part in a community pilot scheme run by a local hospice. This involved further training for staff and access to palliative care specialists for support and guidance and opportunities to learn from the end of life care and support provided by other care services on the pilot.
- Equipment such as a soft blanket and creams to support the comfort of people at the end of their lives had been made available.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives and staff made very positive comments about the service. One person said, "It's a very nice place, I think you would enjoy it. I would recommend it." A relative said, "It's the best home ever, when (person) walked in, she said, 'home sweet home' "I can't fault it after four years."
- A staff member told us the values of the service were displayed and understood by staff. They told us managers recognised staff achievements. They said, "I am very proud to work here, they look after you and help you to develop."
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.

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 promoted transparency and honesty. They discussed issues with relevant parties if anything went wrong and made changes.

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

- Staff felt supported through staff training and supervision. They said their manager was accessible and approachable.
- There was a clear staff structure and support from the wider organisation. A quality assurance manager was being recruited to oversee quality monitoring processes.
- Audits were carried out to check staff were following the provider's policies and procedures and this included observations of staff practice.
- Checks were carried out on the equipment and environment to make sure they were safe. A new carpet had been fitted in the communal lounge when the carpet was found to be frayed.
- The call bell system had been replaced. The new system was quieter and had different tones for staff to identify when it was an emergency or normal call.
- The registered manager monitored staff response times to call bells and investigated any call with no response for 15 minutes or more.

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

characteristics

- Annual satisfaction surveys were sent out. The results were analysed and action was taken in response to people's feedback. For example, the call bells system had been replaced because people found the call bells too noisy.
- People had asked for more vases of flowers and this had been actioned.
- One person said, "We can have our say, about what we want."
- The majority of responses from the annual survey were positive. A relative told us they had been given an annual feedback form and tried to think of something that could be better but could not.
- Residents meetings were held so that people could give their feedback. People were asked about the meals and activities provided and put forward their preference and these were acted on.
- Staff were asked for their feedback and suggestions during staff meetings and communication handovers. They had identified that one person needed a bigger room since their needs had increased. The registered manager consulted with the person and their family and a larger room was found.

Continuous learning and improving care

- The provider, registered manager and staff were continually striving to improve. They discussed any issues with staff and with the wider organisation and put action plans in place to monitor and drive improvement.
- Improvements had been made to the systems and processes for managing people's medicines and the monitoring of staff response time to call bells.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care. The service was involved with the 'food for life scheme', an initiative to encourage interaction with schools and the local community.