

Ruddington Homes Limited

St Peters Care 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 

Overall summary

We carried out an unannounced inspection of the service on 22 October 2015.

St Peters provides accommodation to older people in the Nottingham area. It is registered for a maximum of eighteen people. There were seventeen people receiving care and support at the home at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people’s needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Summary of findings

People received effective care and their needs were met. Staff were knowledgeable about the people they cared for.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion. Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good



Is the service effective?

The service was effective.

People received effective care that met their needs. Staff training and development was reviewed and updated appropriately.

Staff had awareness of the Mental Capacity Act. They were following appropriate guidance to ensure people who lacked capacity were not restricted. They obtained permission before they provided care and support.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Staff had a good knowledge and understanding of how to meet the needs of the people they cared for. Referrals were made to other healthcare professionals when required.

Good



Is the service caring?

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Good



Is the service responsive?

The service was responsive.

Staff understood what people's needs were and responded to their changing needs in a positive way.

People were aware of the complaints procedure. The provider responded to concerns when necessary.

Care plans were reviewed with people on a regular basis to ensure they received personal care relevant to their needs.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Staff and people who used the service were encouraged and felt able to voice their views and concerns.

The service worked well with other health care professionals and outside organisations.

St Peters Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 October 2015 and was unannounced. The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We also consulted commissioners of the service who shared with us their views about the care provided. During our visit we spoke with four people who used the service, five members of staff and the registered manager.

We observed people participating in day to day activities. We looked at the care plans for four people, the staff training and induction records for staff, four people's medicine records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People we spoke with told us they felt safe and secure in the home. One person said, “I feel very safe.” From discussions with staff we found they had a high level of understanding about how they should keep people safe. One staff member described how they observed people’s behaviours and body language to ensure they were safe at all times. They told us they had attended training relevant to safeguarding others and were aware of the policies and procedures which they were required to adhere to.

The registered manager told us the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been one safeguarding concern raised in the last 12 months. We felt assured that any issues would be dealt with appropriately.

Individual risks were identified and managed; people were involved in making decisions about any risks they may wish to take. Risk assessments were in place and people had been assessed for the risk of developing pressure ulcers, falls, and nutrition. There was a record of falls for each person. We saw action had been taken following one person having a fall to reduce the risk of recurrence and the effectiveness of the intervention was monitored. For example a sensor mat had been put into place by a person’s bed to alert staff when the person got out of bed without seeking assistance. The service managed accidents and incidents to ensure they mitigated any risk to people. There were systems in place to monitor and address any incidents that may occur. We found recorded on relevant care files any injury and accidents that people had received. There was a culture within the home of learning from these incidents to make sure they did not reoccur.

People had their own personal evacuation plans to ensure they were fully supported in an emergency. The manager told us about a grab box which contained plans to be used for emergency situations, such as an outbreak of fire and to ensure people were evacuated safely. We saw these plans were easily accessible to staff.

When people behaved in a way that may challenge others staff managed the situation in a positive way that protected

people. The service actively sought solutions to make sure their care practises were free from restrictions. We observed staff complete tasks for moving and handling. They used suitable equipment for the purpose of moving a person from an easy chair to a wheelchair. They communicated with the person throughout the procedure to make sure they were safe.

There were sufficient numbers of staff to keep people safe and meet their needs.

People told us they felt there were enough staff to meet their individual care needs. Two visitors complimented the staff and one said, “No matter when I arrive there is always staff about.” We observed staff providing one to one care for people and taking time to discuss their care needs with them.

Staff we spoke with confirmed they felt there was enough staff on duty with the right skills to care for people. One member of staff said, “I can go home knowing I have done a good job.” Another staff member told us they worked as a team and covered any shortfalls, such as holidays or absences between them. They said the registered manager managed the staff rota to make sure there were sufficient staff on duty at all times. The manager told us they had the right staff skill mix on each shift and regularly reviewed staffing levels to make sure they adapted to people’s changing needs.

There was a stable group of staff working at the home and no recent recruitment of new staff. Staff confirmed to us that there had been a robust recruitment process when they had first applied to the home. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed in line with the recruitment policy to make sure staff employed was safe to care for people in the home.

People’s medicines were managed and they received them in a safe way. People told us the staff made sure they took their medicine. One person told us they knew what medicines they were taking and for which health condition they were taking them for. The person said, “I always get my medicine on time.” We observed staff stayed with people while they took their medicine and explained to people what their medicines were for and why they were taking them.

Is the service safe?

Staff confirmed they had received up to date medicine training and that there was a named person responsible for completing audits of medication administration records (MAR) and ordering and disposing of any medicines as per the providers policy and procedures.

We observed staff completing a medicine round during our visit. They followed the procedures in line with the service medication policy. There were processes in place for topical medicines, such as creams for external use. Each

person had a body map in place that identified which cream to be used and the area on the person body where staff should apply these creams. MAR sheets were completed to confirm when medicines had been administered or to note any reasons when not given. Each MAR was identified with a picture of the person, to help confirm people's identity reliably and to ensure people received the medicine that was prescribed by their GP.

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities.

People's feedback about their care and support was consistently good. One person told us how they had received care and treatment that was effective. They said, "When I first came in to the home I was very ill." They went on to explain they had been unable to walk unaided and needed staff to support them, but with the support and encouragement of staff they were getting better and could now walk with a walking aid. Other people told us the care they received was 'excellent.'

Staff confirmed they had opportunities to undertake specialist training and complete the Skills for Care certificate. The manager told us they had two members of staff who had completed this new care certificate. The care certificate is a qualification regarded as best practice for the induction of new healthcare assistance and support workers. It also offers existing staff opportunities to refresh or improve their skills. We found staff had completed relevant training to help them support the people they cared for. They were able to describe the support individuals required and the level of care needed to ensure they received effective care.

Staff told us they received regular supervision and an appraisal on an annual basis. The manager had systems in place to ensure staff were supported and able to share good working practices which in turn helped to drive improvement within the home. For example the manager observed care practices being delivered. They also kept up to date with guidance and new developments and had links with organisations to promote best practice, such as the dementia outreach team. The home also adopted a specific way of caring for people with dementia. They were able to identify the level of dementia for each person and how they should interact with them. It was recorded on each person's care file how staff should provide best effective care to support these individuals.

People consented to their care and treatment and consent was sought in line with relevant guidance. People's rights were protected under the Mental Capacity Act 2005. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We found that relevant referrals for DoLS had been applied and the relevant guidance followed. We saw people had the freedom of the home and were able to come and go as they pleased. Staff respected people's human rights and put appropriate measures in place when a person lacked capacity.

We found appropriate MCA assessments were completed and involved multi-disciplinary teams where relevant. Staff were knowledgeable about people's capacity and demonstrated the best way they should support each person they cared for. We looked at four care plans and found best interest decisions had been considered. When necessary DoLS had been applied and appropriate check lists completed.

People were supported to eat and drink sufficiently to maintain a balanced diet. People told us they enjoyed the food. One person said, "We are always offered a choice". We saw people who required soft or different diets were supported. The kitchen staff were aware of special dietary needs. One staff member said, "We go above and beyond to make sure people eat sufficient."

We completed an observation over lunch and found people received their food in a timely manner. People experienced a calm and relaxed meal time. Staff offered drinks and supported people with their meal should they require assistance. One person told staff they no longer wanted the meal they had initially selected, so staff arranged for them to have an alternative. We observed another person pushing their food around their plate and not eating. We saw staff ask the person if they had finished and if they would like a pudding, which they did eat. We spoke with staff and discussed what this meant for the person. They told us due to the person's level of dementia they liked to go through the motions of being seated at the table. Staff were aware the person had not eaten their meal as this was monitored on a daily basis. We saw the person had received guidance from their GP who prescribed a supplementary drink to help them maintain a healthy

Is the service effective?

weight. This was recorded on the person's care file. There were instructions for staff for best ways to ensure the person received sufficient food and drink. Where possible risks had been identified people were put on food and fluid charts to monitor their daily intake.

People were supported to maintain good health and wellbeing as they had access to healthcare services and received ongoing support. People told us they could see a doctor any time they wanted one. Staff confirmed they worked well with other professionals such as the GP's, dentist and community matron. One staff member told us the district nurse called at the home every other day. We saw on each person's care file when other professionals

had visited them in the home. Staff told us they monitored people's changing needs on a regular basis. One staff member said, "We know the people we care for. If they take ill or change in any way we would contact the GP."

The service took preventive action and involved dieticians, speech and Language therapist (SALT) and other healthcare professionals to ensure people were in good health. Referrals were made when required. We saw people's health had improved since being at the home. For example, discussions with people that had been ill when they first came to the home and records we looked at meant we could see how their health had improved since they had arrived.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships. People told us they were treated very well by staff. People were shown kindness and compassion in their day to day care. We observed staff sitting with people at their level and were engaged in meaningful conversation. People chatted to each other and with staff, sharing their life experiences. Staff were caring and supportive, for example, one member of staff had been on a city break and brought some souvenirs back to share with people who had connections with the area they had visited. People engaged and interacted with staff and other people and discussed these items. One person shared their experience with us and described what life was like when they were younger. We saw people were upbeat and happy.

Discussions with staff told us they were knowledgeable about the people they cared for. People received care from staff who understood their life history, preferences and needs.

People were supported to express their views and be actively involved with decisions about their care and support. Staff communicated effectively with people no matter how complex their needs were. The home had adopted a model of care for people with dementia which helped them to improve communication and engagement. Staff told us this identified how they could communicate

with a person, as it helped them to understand the impact of dementia. Instructions on each person's care file told staff how they could use different techniques to communicate with each person.

There were details and information available for people about an advocacy service on the notice board in the home. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. The manager told us they worked with advocates in the past, but no one was using any at this time.

Care plans we looked at contained information relevant to the person and reflected people's needs. We found they were individual to the person and contained information, such as their life history, so staff could talk about what was important to the person. Whilst care plans were reviewed on a regular basis, we found one care plan that had not been amended when changes had occurred. For example, one person's care plan had been evaluated and showed there had been a change to the person's needs. However, their care plan had not been updated to inform staff of these changes. We spoke with the registered manager and they said they would address this immediately, which they did.

People were treated with dignity and respect and this was promoted by staff respecting people's wishes and preferences. People talked about how staff treated them and we observed staff being respectful and caring. Staff knew they had to spend time with people and were generally concerned for people's wellbeing.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives told us staff were responsive to their needs. We observed staff attending to people when they required assistance or support. This told us they responded promptly and appropriately to people's needs. People's care and support was written in individualised plans of care that described how staff should care for the person and what they needed to do to provide personalised care.

Initial assessments had taken place. People who were able, and their relatives when appropriate, were actively involved in care plan reviews. This was to ensure they received the care and support they wanted. Staff told us they listened to people's choices and everyday decisions. They also said, they took note of people's reactions and body language when asking them questions or providing care and support to make sure they fully understood how each person could achieve their life goals. Care plans were informative and were developed from the initial assessments that were completed before the person moved into the home. The plans were reviewed on a regular basis and contained appropriate information and clear guidance for staff to meet people's needs. The care plans identified areas of care that the person could do independently, while also identifying areas of support. For example a care record stated the person could walk with a walking aid, but required full assistance to be helped to the toilet or getting out of bed. This showed people were empowered to do things for themselves. This also helped people to keep their dignity intact and acquire assistance where necessary. Staff told us the care plans were detailed and easy to follow.

Information was shared effectively between staff. The staff told us they had handover meetings and handover reports to ensure they were informed how the person had spent their day. Staff told us they found these meetings informative to help them respond to people's needs.

People said, "This is a lovely home with lovely people." One person told us they made their own choices about what they wanted to do each day. A visitor told us there was always something going on. They said, "When I came this morning they [staff] were doing a quiz with people."

People were supported to take part in activities. Different activities had been identified to help stimulate each person individually. We observed all people participating in some form of activity. One person was drawing, another was chatting and reading the paper with a member of staff. Other people were taking part in group activities. Staff told us they had noticed a difference in the way people were more upbeat and happy since they had adopted and improved their dementia awareness. They also told us people's sleeping patterns were more settled.

People and their families were actively involved in the development of the home. The registered manager told us people and their families had a choice in what happened in the home. They told us one person helped with the planning of the garden.

Systems were in place for people and their families to feedback their experiences of the care they received and raise any issues or concerns they may have. People told us they had attended resident meetings on a regular basis. The manager told us they also had one to one meetings with people to ensure everyone expressed their views.

We found there was a complaints process in place and policies to ensure the correct procedures were followed. The provider told us they had not received any complaints in the last 12 months. People told us when they had raised concerns in the past they had been responded to quickly. Guidance on how to make a complaint was contained in the guide for people who used the service and displayed in the home.

Is the service well-led?

Our findings

People and their relatives constantly commented on how happy they were with the care provided by the home. People told they us liked living at the home. One person said, "It's a lovely home." A relative told us they [staff] look after [name of person] very well. "I cannot fault the care." Staff morale was high and the atmosphere within the home was relaxed and happy.

Staff told us they loved their job. One staff member told us they went home knowing they had done a good job. The culture of the home was open, honest and focused on individual needs.

The provider visited the home and completed environment audits. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This gave reassurance that systems were working effectively and safely and showed the service was effectively managed.

People received information about the service and completed questionnaires regarding the quality of the service provided. The provider gained people's views and experiences through their feedback. We found feedback was positive and complimentary towards the staff and the care they received. Staff and people who used the service were encouraged and felt able to voice their views and concerns. The registered manager told us they openly encouraged staff to discuss any concerns they may have.

A registered manager was in post. All staff we spoke with felt the manager was approachable and listened to their views or concerns. They told us they had regular supervision. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including night staff.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Staff said if there was a complaint or incident, the manager would meet and discuss with staff. They said that they explored ways in which similar issues could be prevented in the future. However we found one incident that had not been reported to CQC. After discussion with the manager we found this was an oversight and not normal practice. Other notifications including safeguarding had been dealt with appropriately.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. For example the model they had adopted to improve the way they supported people with dementia. The jewel of dementia which uses a precious stone to identify the level of dementia for each person. They followed their legal obligation imposed on them by CQC and other external organisations.