

Rutland House Community Trust Limited

Rutland House Community Trust

Inspection report

6A High Street
Oakham
Leicestershire
LE15 6AL

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16 August 2017

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07 September 2017

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

Rutland House Community Trust provides personal care for seven people living in their own home. These people have complex conditions including having a learning disability and some mental health needs. People received support throughout the day and when they accessed their local community. These were large packages of care to support people within their own homes. People lived in shared accommodation, two in one property and five in another. We visited the office location for the service as well as one of the houses that five of the people lived in during our inspection.

This announced inspection took place on 16 August 2017.

There was a registered manager in post at the time of our inspection. 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.

The provider's values and vision was clear and focussed on providing care that was person centred and that would enable people to remain as independent as possible. All staff demonstrated a commitment to providing a service for people that met their individual needs. Staff described having positive relationships with the people they cared for and knew their needs, likes and preferences well.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Assessments were documented as required and best interest meetings held and recorded where applicable.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. The service had enough staff to deliver the kind of care people needed. People's medication was managed safely and staff were recruited and checked to ensure they were safe to work with people who used the service.

Staff had a good understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and described being well supported by the management.

Care records contained risk assessments and management plans to protect people from identified risks. They gave information for staff informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals. People's nutritional risks were assessed and support was provided that met people's nutritional needs and preferences.

Staff and people's relatives were confident that if they had any concerns they would be listened to and any

concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. Incidents and accidents were recorded and action taken as a result.

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.

Staff were clear on their roles and responsibilities in order to safeguard people using the service.

Risk assessments were in place and were reviewed regularly. Staff had a good understanding of how to mitigate the risks associated with people's care and support.

Staffing levels ensured that people's care and support needs were safely met and staff were safely recruited.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People's mental capacity had been assessed as needed and best interest meetings held and decisions documented.

People's nutritional needs were assessed and people were supported to eat and drink to meet their needs and preferences.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring.

People's privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and

preferences and knew the people they cared for well.

Is the service responsive?

Good ●

This service was responsive.

People and their representatives were involved in the planning of their care which was focused on them as individuals and updated regularly.

People were encouraged to engage in activities they enjoyed and care was planned and delivered to meet their individual needs.

There was a complaints system in place and people we spoke with were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided good leadership and staff were clear on the aims and objectives of the service.

Staff felt supported and their performance was monitored on an on-going basis.

Checks were carried out to monitor the quality of care being delivered and action taken in response to any incidents and accidents which took place at the service.

Rutland House Community Trust

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 announced inspection took place on 16 August 2017 and was undertaken by one inspector. This was the first inspection at the service since registration with CQC. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, the provider completed 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 took this information into consideration as part of our judgement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager and three members of the care team. We spoke with two people who used the service, however, due to communication difficulties people experienced, we were unable to speak with any more. We did speak to the relatives of two people who used the service about how they felt about the care being delivered at the service.

We reviewed the care records of three people who used the service. We also reviewed records relating to the policies and procedures which supported the quality assurance of the service.

Is the service safe?

Our findings

People who used the service we spoke with told us they felt safe. People and their relatives had not raised any concerns about the service and were able to describe positive relationships between staff who delivered care and people who used the service. Staff we spoke with described people in depth and knew how to keep people safe in their own homes and out in the community.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff had received training in relation to safeguarding people who used the service and on how to manage challenging behaviour. This training was reviewed and refreshed on an on-going basis due to some people having complex needs and at times displaying behaviours which may have been challenging for staff to manage. Risk assessments and clear guidance were in place to assist staff in managing people's behaviours in order to keep people safe. Incidents of involving people were recorded so that these could be learnt from. Staff we spoke with demonstrated that they could identify signs of abuse and that they understood their responsibility to report any concerns or allegations in a timely way.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We saw examples of risks assessed for people living in their own homes and for when they accessed the community. These documented the level of support people needed and activities people could be encouraged to take part in. Risk assessments and care plans were regularly reviewed and updated to ensure that information was current and that staff understood the needs of people using the service. Staff we spoke with demonstrated they had a good understanding of people's care needs and any risks associated with the delivery of their care. Staff knew people well and encouraged people's independence whilst ensuring their safety.

At the time of the inspection there was enough staff to keep people safe and to meet their needs. Staff we spoke with felt there were sufficient staff to meet people's needs and described working well as a team in order to support people. Staff described it being busy at times but nobody we spoke with expressed any concerns with staffing levels at the service. One staff member told us: "We do have a strong team and that helps us."

People could be assured that prior to staff commencing their employment at the service, all staff applied and were interviewed through a recruitment process. Records confirmed that this included checks for criminal convictions and relevant references. Staff were safely recruited and subject to the required checks.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they supported people to take their prescribed medicines on medicine administration records. Care plans and risk assessments clearly outlined people's medicines and any risks associated with them.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately. There was a Training Manager in post who had oversight of staff's training needs. We reviewed the training which had been delivered to staff and found that this was tailored to meet the needs of people using the service. Training was reviewed and refreshed as needed and checks on staff competency in specific areas were regularly completed. Staff completed an induction programme when they started working at the service to ensure they were adequately skilled and competent in carrying out their roles within the service.

Staff were supported to carry out their roles through regular supervision (one to one meetings with their line manager) that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff all told us they received regular supervision and they felt supported and records we looked at confirmed this. Staff also had regular performance reviews to enable the registered manager to review how effectively they were working at the service.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans we looked at contained assessments of people's capacity to make specific decisions about the delivery of their care. Best interest meetings had been held and any decisions made had been documented.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person was seeing a dietitian due to their specific dietary needs. This was clearly documented and the person's weight was closely monitored.

People's health was monitored on an on-going basis to ensure their well-being. Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals when they appeared to be unwell. People were supported to attend GP and other healthcare appointments and were actively supported to maintain good health. Where people experienced any anxieties about accessing healthcare appointments, this was compassionately and appropriately dealt with by staff and the registered manager.

Is the service caring?

Our findings

People received care from staff who were kind and caring and who knew them well. People who used the service and their relatives all described positive, caring relationships between staff who delivered care and people who received it. We observed kind and thoughtful interactions between staff and people which were respectful and encouraging. When we asked about the service and the staff working there, one person who used the service told us: "I was well suited here. I like every one of them."

Staff spoke about the people they cared for in a kind and caring manner, they knew how best to support them and understood their personal preferences. Staff understood how to protect people's dignity and ensure their privacy when delivering their care. One staff member talked about a person they cared for affectionately and was able to describe their personal likes and dislikes and how they worked to meet their needs.

We found that there was a key worker system in place to ensure consistency of care workers for people to enhance their care delivery and ensure their well-being. This consistency in care staff meant that staff knew people well and were able to communicate and work with people more effectively.

People's care planning and delivery was focused on them as an individual; their individual goals for independence were clear and related specifically to each person. Staff considered people's preferences in terms of how they spent their time and worked with people to achieve their daily goals and aspirations wherever possible.

Staff demonstrated their awareness of the need to maintain people's dignity. They were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. People were given their space when they needed it and staff were considerate of people's needs.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Care records clearly indicated that people's needs and preferences had been taken into account and care planning was individualised. People's needs were continually assessed and care plans were updated as people's needs changed.

People using the service had complex needs and behaviours and this was fully documented and risk assessed by the service. People had multi-disciplinary teams involved in their care. There were timely and documented referrals to health professionals. Care was planned and delivered to keep people safe whilst considering their likes, dislikes, preferences and personal histories. People's behaviours, some of which at times could be challenging, were outlined for staff delivering care, along with clear guidance on how to deal with this whilst respecting people's privacy and dignity.

When we spoke with staff they described how care and support was focussed on how people liked to spend their time. For example, several people went out to day centres and were involved in various activities within the local community. One relative we spoke with told us how pleased they were with their relative's care and the fact that they were integrated into the local community as the staff frequently took them out. They told us: "I think they're very good. He has treats and trips. He's very happy with them." We saw that regular trips were planned by the service in consultation with people. The service was ensuring that people undertook activities they enjoyed and took steps so that people avoided social isolation.

The registered manager was clear about the objectives of the service and told us that this centred around people being given personalised care to meet their individual needs whilst enabling them to remain independent and active. The registered manager told us: "I think we provide good care. People choose what they want to do and when they do it." Care records clearly demonstrated that people set their own goals and carried out activities that they enjoyed. The focus of the service was to meet people's personal preferences whilst supporting them to live meaningful and fulfilled lives.

People or their relatives were involved in planning their care. During assessments discussions took place about how people wanted to receive their care, for example their meal preferences, how they spent their time and how independent they wanted to be. Care was then planned to ensure people remained as independent as possible and that their lives were as full as they wanted them to be.

People and their relatives said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place. The registered manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed well and that they could approach the registered manager should they need to. One relative we spoke with said: "If there was anything wrong I would speak up and they would encourage me to but I don't have anything to complain about."

There was a registered manager in post at the time of our inspection. They were able to clearly tell us about the aims and values of the service and demonstrated how these were achieved through the individualised approach to people's care. They told us that they felt supported by the provider in their role describing an "open door policy" for any concerns or issues they may need to raise.

Staff spoke positively about the service and described being supported to work well as a team in order to ensure that people received good quality care that met their individual needs. There were regular staff meetings where staff could speak up about any concerns or issues. There were regular meetings held with staff on a one to one basis to monitor their performance and support them in their development. Staff training was reviewed and updated on an on-going basis, depending on the needs of people who used the service.

Incidents and accidents were recorded, reviewed and monitored in order to keep people safe and make any required adjustments to the delivery of their care. Learning from these was documented. We discussed how these incidents could be monitored in order to identify trends and patterns within the service and were told that this was being worked on by the registered manager.

People were consulted in relation to their care and regular review meetings were held with people who used the service to obtain their views about how the service was being run. People contributed to these discussions wherever possible.

The service was continually monitored by the manager and staff for the effectiveness in keeping people safe. Where issues had been identified the registered manager had taken action to improve the service and monitored the impact of the action. Regular audits were carried out in relation to care planning and medication. There were systems in place to monitor the quality of the service being provided.

During our inspection we identified a safeguarding notification which should have been made to CQC. The provider had taken steps to refer this incident to the Local Authority but had not notified CQC in a timely manner. This was rectified during our inspection and we found that all other statutory notifications had been made as required by law.