Care Quality Commission

Care Homes of Distinction Limited

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?	Requires improvement

Overall summary

This inspection took place on 30 April and 05 May 2015 and was unannounced on both days.

Rutland Home provides nursing care for up eighteen older people, including people who have dementia and mental health needs. At the time of our visit nine people lived here. Rooms are arranged over two floors and there is a stair lift. Communal facilities include two lounges, one on each floor and a secluded rear garden. Ramps have been placed by stairs to help people mobilise around upstairs. There is parking to the front of the property. The home is an adapted building with bedrooms on the ground and first floor. The home has no lift although it has two stair lifts. There are specialist bathing aids and baths to assist people.

A relative told us, “Overall the service is very, very good, all the staff are caring and compassionate.”

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was not present during the inspection.

Summary of findings

Documentation to enable staff to support people and record the care and support given were not consistently completed. Records such as care plans, risk assessments and medicine records had gaps, or no recorded recent review. People did receive the care and support they needed during our inspection.

People were positive about the staff saying they were kind and caring. People generally thought there was enough staff to meet their needs.

Medicines were managed in a safe way and people received them when they needed them. Apart from a few minor issues with recording they were managed well in the home. People also received appropriate treatment to keep them healthy, or if their health needs changed.

Activities were available that were of interest to the people that live here. People were seen to enjoy the activities, and everyone who wanted to be involved was. Work was being carried out to further improve the activities on offer to make them more individual to people.

Food and drink was readily available throughout the day. The food was freshly prepared and looked appetising. Those people on specialist diets received the food in the form they needed it.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas about the running of the home.

The provider and staff carried out a number of quality assurance checks to make sure the home was safe and people received a good quality of care.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

We have identified one of breach in the regulations. You can see what action we told the provider to take at the back of the full version of this report.

Good interactions were seen between the staff and the people who live here. They were friendly, caring and supportive.

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 living at the home. Staff understood their responsibilities around protecting people from harm. People felt there was enough staff to meet their needs.

Risks to people had been identified and controlled to reduce the chance of people coming to harm.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Only suitable staff were employed to work in the home.

Good

Is the service effective?
The service was effective

Staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards. The home followed the requirements of the Act.

People received support to keep healthy, and relevant professionals were used where a need was identified to ensure people received the support they needed.

Staff received training to enable them to support people.

People enjoyed the food and had enough to eat and drink during the day and night. People received specialist diets where a need had been identified.

Good

Is the service caring?
The service was caring.

People felt the staff were caring, friendly and respected them. People and their relatives where involved in making decisions around the care they received.

Staff were seen to treat people with respect, and knew them as individuals.

Good

Is the service responsive?
The service was responsive to people's needs.

People were given the care they needed to meet their individual needs; however support around people's mobility could be improved, as well as access to equipment to call staff. People told us that staff were responsive to their needs

People had been involved in the care planning process, and had access to activities that interested them.

Good

Summary of findings

There was a clear complaints procedure in place, and records of complaints were kept. The manager was able to show what actions they had taken to try to solve the issues.

Is the service well-led?

Requires improvement

The service was well led but improvements were needed.

Care records such as care plans and medicine administration records needed to be consistently completed. The manager had a plan in place to do this.

People, relatives and staff were complimentary about the home and how it was managed.

Staff felt supported by the registered manager. Staff carried out quality assurance checks to ensure the home was safe and good quality care was being provided.

Rutland 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 30 April and 05 May 2015 and was unannounced on both days.

The inspection team consisted of one inspector, and a nurse specialist. One inspector visited on the second day.

Before the inspection we gathered information about the service by contacting the local authority safeguarding and quality assurance team. We also reviewed information we had received about the service, such as notifications of accidents and incidents, or information sent to us by the public.

During our inspection we spoke with five people who used the service, three relatives and six staff, which included the manager and the owner. We observed how staff cared for people, and worked together. We used the Short Observational Framework Tool (SOFI) to try to understand the experiences of people we were unable to verbally communicate with. We also reviewed care and other records within the home. These included four care plans and associated records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in May 2014 we identified three breaches in the regulations at the home. The service had taken action and had now met these regulations.

Good

Is the service safe?

Our findings

People were kept safe at Rutland Home. One person said, "I feel very safe here. Staff are very caring." A relative said, "I feel safe in the knowledge that my family member is safe here and being well looked after."

People were protected from the risk of abuse because the provider had a number of systems in place to keep people safe. Staff understood what abuse was and the signs that it might be taking place. They knew how to act and report any suspicions to ensure people were kept safe. They were also aware of whom to report to if the manager or provider did not act on their concerns.

Information on abuse was available to staff via an up to date policy. Staff had signed to say they had read and understood it. Staff were able to identify what the signs of abuse were and what they had to do if they suspected it or saw it take place. They also knew what outside agencies they should contact if the provider did not respond to their concerns.

Information about what abuse was and what to do if it was suspected was also made available to visitors. This was stored in the reception area. This meant that if anyone suspected abuse, they would have the information on how to report it to protect people from harm.

People were protected from avoidable harm because staff had worked with them to identify possible risks to health and then planned how to manage them. Risks around the home had been identified and managed by the use of risk assessments. Staff carried out regular checks to keep people safe, for example by checking water temperatures to prevent scolds and the testing of electrical equipment around the home. Staff had an awareness of risks in the environment. For example food was served from a heated trolley. Staff advised people not to get too close and explained the risk to them. In addition, potential harmful substances such as cleaning products or medicines were kept locked away when not in use.

People were protected from the spread of infection. Gloves and aprons were worn by staff to protect people against the spread of infection. These were seen to be changed between each person when care or cleaning was carried out. Staff also had a good understanding of infection risks around the home and bought them to the attention of visitors. People were encouraged to wash their hands after visiting the toilet.

People's care would not be compromised in the event of an emergency such as a fire. The staff carried out regular tests of the fire systems, including practice evacuations. Equipment and plans were in place to assist people who could not mobilise themselves out of the building. These included Personal Emergency Evacuation Plans for each person who lives here. Fire procedures were displayed around the home so people, visitors and staff could see them.

Equipment and items used to support people were regularly tested to ensure they were safe to use.

There were enough staff at the home to meet the needs of people that lived here. One person said, "They are always here when I need them." A staff member told us, "When people call, staff always come quickly." This was seen to be the case on both days of our inspection. Call bells were answered quickly, as were verbal request from people, or if people showed discomfort they received support quickly. Staff ensured that people were supported, when one left a room they made sure another was still present and knew who may need support.

The manager made sure that there were enough staff to meet people's needs. The number of staff on each shift took into account the needs of the people. The information recorded on the staffing rotas showed that the numbers of staff that the manager had decided where needed to support people were on shift. The manager was aware that if people's needs changed, or more people came to live at Rutland Home the staffing levels would need to be increased.

People were kept safe because the provider carried out appropriate checks on staff before they were employed. The files we saw held a record of the checks that had been carried out to ensure the staff were of good character and had the necessary skills to do the job, for example a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. The manager had carried out other checks as well, such as staff eligibility to work in the UK.

Good

Is the service safe?

Peoples medicines were managed safely and they had them when they needed them. Our observations showed that medicines were given to people in a safe manner and staff had been trained in how to do this. Staff were competent to administer medicines. For example, they were aware of health checks, such as checking a person's pulse before certain medicines were given to people.

Staff understood when and how different medicines should be managed so that people were kept safe. For example for peoples care plans had information about when and how PRN (As required medicines) and controlled drugs should be used, stored and disposed of. There was a clear medicines policy that gave guidance to staff on how to effectively manage people's medicines.

There were small issues identified with the recording of some information around medicines on the first day of our visit. These had been corrected when we returned on the second day.

Good

Is the service effective?

Our findings

Staff gave care and support with the consent of people. For example when giving medicines the nurse sat with a person and explained what they were and asked if they would like to take them. Where people could not understand a decision capacity assessments had been undertaken and best interest meetings held for each decision. For example one person received covert medicine. The reason why and how this best interest decision had been made was clearly documented. A relative confirmed that they had been involved in giving consent for a family member, as the person could not understand certain decisions.

People's wishes and choices for the future were protected because advance decisions had been recorded. If their capacity to make decisions changed in the future, their decision for important choices had already been made by them. Other assessments of peoples capacity had been recorded, such as for personal care, safety and medicines. Staff understood that people's capacity to understand may fluctuate, and that if someone could not make a decision straight away, they may be able to later. The assumption from staff was that people had capacity.

Staff were seen to ask permission from people before giving care and understood that they could not make a decision for someone.

People's freedom was respected and protected. One person said, "There is nothing to stop me going out if I want to, I am quite happy here." A relative said, "My family member's basic freedom is not interfered with." A staff member said, "One person wants to leave the home. We have completed a form for him because of this."

The requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed. Where it had been identified that a person's liberty may be being restricted to keep them safe, the manager had made the necessary referral to the local authority. This was to ensure the person's liberty was restricted for the right reasons and in the least restrictive way possible.

People were supported to keep healthy. Records of visits to and by healthcare services were kept.

For example eye examination booklets. Staff were able to explain how people were supported to maintain health. One said, "If people are sick we report it to the person in charge. They call the GP in." They were also able to describe how they would know if people were ill if they could not verbally communicate, for example by hand gestures or a colour change in their skin.

We noted that one person had a higher need than the others that lived here. They told us they were not happy living here. The manager explained how the person was being supported and had been in discussion with healthcare professionals about this person's needs. A review had recently been conducted by a specialist mental health nurse (CPN), and a further follow up was completed one week later. The manager told us the CPN was now involved with this resident and advising staff on management of their behaviour needs. The records of care given recorded that the person had been seen regularly by a GP.

People received care and support by staff that were trained and supported to do their job effectively. A relative told us, "All the staff I have encountered have been very professional."

Staff received appropriate training to support the people that live here. They went through a structured induction, based on a national best practice system, when they started at the home. This was to ensure staff understood their roles and responsibilities, and the needs of the people that live here. This included practical and theory training. Staffs skills were reviewed, for instance before staff were able to give medicines to people they had a number of checks by the manager to make sure they were doing things correctly. Where training needs had been identified, such as a new risk to people, training had been given to staff, such as training in particular procedures in the event of an infectious outbreak.

Staff were supported by having one to one meetings with their line manager. Some had them every two months but this did fluctuate. These meetings were used to discuss staffs performance and raise any issues they may have. The home had achieved the investor in people award. This is a national system that recognises where services support and develop their staff.

People received food and drink that met their needs. One person said, "I often get the food I like." Staff were able to describe people's individual food requirements. This included health and religious or cultural beliefs. Where a

Good

Is the service effective?

need had been identified, such as a person losing weight, people's diet was modified to meet that need. For example, by having fortified meals, or pureed food. Menus had been designed by the nutritionist for the provider.

People had enough to eat and drink. Meals were spread over the course of the day, and snacks were available between meals and in the evening if people wanted them. When people asked for snacks, they were given them. They had access to hot and cold drinks throughout the day. People were asked if they had had enough to eat before staff cleared their plates away. Lunch was relaxed and people were able to eat at their own speed. Before the lunch was finished the chef talked with staff and listed all the residents to ensure they had all eaten. Where people may not have been ready to eat, for example if they were asleep, their meal was held back and then given to them when they woke.

The chef received feedback from people about the food, as he was involved in serving it up and asked if people enjoyed it.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us, "I love it here; it is very calm and relaxing. Staff come and talk to me and are very friendly." A relative said, "Staff are kind and compassionate, they are first class."

People were supported by staff who knew them. Each person had a brief portrait outside their room. This showed who the person's keyworker was, the persons past employment and relatives, as well as a key fact, such as a favourite pet they used to have. A staff member said, "I always talk to people when I am on a break, and when I am doing tasks in their rooms."

Care plans recorded people's preferences such as how they would like to be addressed and what their likes and dislikes were. Staff were able to tell us about the people they supported. What they told us matched with what we saw in the care plans. For example, staff noticed when a person didn't have a favourite item if clothing and went and got it for them.

People were treated in a caring manner by staff. Staff were seen to sit with people and talk and sing with them. When talking to people, staff bent down to their level and made physical contact, such as gently touching their hand or arm. They were seen to take time to talk to people in a gentle and friendly manner. They showed an interest in what people were doing, such as looking at pictures and talked about the activity with them.

Staff were positive about the people that lived here. One told us, "I enjoy talking to the residents, it's really important that I do this." Each person has a key worker and a nurse, so they get to know them.

People were able to be involved in making decisions around their care. One person said, "I get all the support I need." A relative told us, "I have been involved in making decisions about my family members care and support." Another said, "I am kept updated by the manager on my family members care." When someone showed signs of discomfort, staff asked them what was wrong. They understood what the person indicated and corrected the problem. They also asked them if they were happy with what they had done. Before staff moved items in the communal area, such as a table they asked people if they were happy with it to be moved.

People were given information when they needed it. One person said, "I know what medicines I am taking and if anything changes they tell me straight away about what it is and why." Information about the day and time of year was displayed. This is important where people may not remember. Pictures of staff were on display in the hallway. People and visitors could see who staff were and what their job role was.

Staff asked people for their opinions on a number of topics. For example, what they would like to sing, and then arranged for this to be played to asking how they would like their drink.

Staff understood the communication needs of people and were able to understand and be understood. Staff had also either completed or where in the process of starting courses in improving their English language skills as they understood the importance of people being able to understand what they say.

People were respected by staff. One person said, "They talk to me when they give me personal care, and they always close the door so no one can see in. They are very careful about that." A relative said, "Indeed, yes" when asked if their family member's privacy and dignity were respected by staff. People's relationships were respected and they were able to live together as a couple if they chose. When a person who does not usually verbally communicate came up with a correct answer (even though it was directed at another person) staff noticed and congratulated him. Another example of respecting people was seen when a staff member apologised to a person when they knocked their handbag over by accident.

One person said, "My family can visit when they want." A Visitors policy was on display in the reception area. This welcomed people to visit 24 hours a day.

Staff dealt with issues such as going to the toilet in a quiet, discreet manner. Staff spoke softly close to the person's ear so others could not hear. This was very much driven by the individual need of the person and not a routine.

Good

Is the service responsive?

Our findings

People were involved in decisions about their care. One person said, "I am involved in the care I get."

People's independence was supported in a number of ways such as specialist cups and plates to enable them to eat and drink with minimal staff support. People were also encouraged to remain independently mobile by staff. Staff gave positive instructions to people so they could move themselves without staff needing to use a hoist. However, on one occasion we saw that staff may have been better using transfer equipment such as a lifting belt or hoist when one person was struggling to stand on their own. We also noticed some delays when people used the stair lift. On two occasions people had to wait for their mobility frame to be bought down so that they could get up out of the chair. While they waited they were supported by a member of staff. The person was kept updated by staff why this happened and involved in the conversation. These examples show that some improvement is required with regards to supporting people's mobility around the home.

People received care that was responsive to their needs. Care plans that detailed people's choices around their care and support needs were in place. Each plan had a personal profile of the person's life and a record of that their choices, for example their likes and dislikes regarding food. Information about religious or cultural requirements was also recorded. They gave detailed guidance to staff on how each person wanted to be cared for. During our observations we saw that these requirements were met by the staff. For example, specialist diets were provided. The care plans had been reviewed on a regular basis to ensure they reflected the current needs of people; however, we did see that there were some gaps in the care plans where sections had not been fully completed.

Staff gave assistance and support when people needed it. Call bells were within reach of people in some rooms, however in two rooms these were not always placed so that people could reach them. On two occasions we found that the buttons were out of reach of people who lived in their bedrooms. One had fallen behind the bed; the other had not been moved when the person moved from their bed to a chair. This meant that they may not be able to use them to call for assistance if they needed to. Both of these people told us staff came if they called. The manager spoke with staff and reminded them that call bells should be in reach of people at all times.

People had access to activities that interested them. Various activities were on offer during both days of our inspection. For example group reminiscing. An activities plan was on display which showed people what activities were on offer each day. The activities given matched the plan. The activities person was shared across all three homes owned by the provider. To ensure that people always have activities on offer she told us, "I make sure carers have the resources and equipment to give activities when I am not here." Initial activities on offer included word games, arts and crafts, and baking. As well as music listening. Activities where generally group based, but the activities person had a plan to ensure more one to one activities where available. This was seen in the personal profiles they had been developing with people. People who stayed in their rooms were visited by the activities person who asked if they would like to come and join in with any activities. One person said, "They come in and chat with me." During the activities everyone was involved, for example those that could not communicate verbally were involved as much as those that could. A relative said, "They do try and stimulate my family member with the activities."

Staff were kept updated with people's needs. These were discussed at staff handover meetings. The information discussed was comprehensive and detailed not only the physical care that a person had received but what activities they had engaged in, visitors who had attended the home and other relevant information such as food and fluid intake. This provided staff with good information on which to base the resident's care for the rest of the day.

Staff were responsive to people's needs. They discussed who would do what at various points over the days of our visit. This ensured they all knew what they were doing so that everyone was supported, for example who would clear up, or who would support an individual to eat.

People and relatives knew how to raise a concern or make a complaint. Information about how to make a complaint was displayed on the back of bedroom doors and on display in the reception area. A person said, "If I was unhappy I would tell the person in charge. I haven't needed to complain though." A relative said, "My family member has said that the response for staff has been slow on

Good

Is the service responsive?

occasion, I mentioned this to the manager and she has looked into it." They had been given information on the complaints process. "I have never needed to make a formal complaint, when an issue has arisen they are dealt with immediately."

The manager dealt with complaints effectively. A record of complaints had been kept. They detailed what the issues were and what action had been taken in response. Each involved a meeting with the person to discuss their issues and what the manager could do to put things right.

Requires improvement

Is the service well-led?

Our findings

Records used to record care and support given were not consistently up to date or completed fully. Medicine records did not always give full instructions on how and when "as required" medicines were to be given. Medicine administration records were not consistently completed around allergy information. For example where there was no allergy the box had been left blank rather than recording 'no allergy'. This should be recorded for clarity and to avoid any ambiguity, such as had the information been missed off if the box is left blank. Records such as care plans and individual risk assessments had been inconsistently completed and reviewed. Risk assessments were seen that did not have a recorded review since 2012. Care plans contained information about medical conditions that were no longer relevant to the persons. Daily care notes did not consistently record when a person had refused care and support. **This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

There was a positive culture within the home. One person said, "The manager is lovely." A relative said, "It is very homely here, it's all very relaxed and calm." Another person said, "I know the provider very well, he comes here often and is very pleasant with me."

Staff said they felt supported by the manager and the owner. One staff said, "When I need something the manager is always there for me. If I have any problems I go straight to her and she helps me. Staff understood the whistle blowing policy and when they could use it.

There was good leadership and management within the home. A relative said, "Looking from the outside it is extremely well managed. All the staff seem to respect the management." Staff roles were displayed in the office area. This showed who was responsible for each task, and who they reported to. For example fire marshal, and activity officer.

The registered manager checked staff competency and best practice. Where the manager saw staff do something that could be improved they immediately took them to one side and quietly told them what they should do.

There was a clear set of aims and objectives for what people should experience while living at the home. These were on display for people, visitors and staff to see. Staff were seen to provide support to people in a way which met these objectives.

People, relatives and staff were encouraged to give feedback about the home. People confirmed that they had been asked to give feedback about the service and that the manager and provider took on board what they said. The responses to questionnaires we saw were positive about the service. A relative said, "We have completed a couple of questionnaires for the home. We made positive comments." They went on to say, "The owner is very amenable, he does listen to what I say." Feedback from relatives was on display for staff and visitors to see. Staff told us about staff meetings that were held every other month to discuss how the home was running.

The registered manager understood their responsibilities. The manager and staff were kept up to date with best practice or important changes in the care sector. For example safety alerts for equipment or medicine were on display in the staff areas. We checked records we held about the home prior to our inspection and saw the registered manager had submitted notifications to us when appropriate. This is a requirement of any service which is registered with us.

Quality assurance checks were carried out to ensure a good quality of care was being provided to people. The provider had responded to external visits and reports about the home. For example where issues had been identified with décor in the kitchen, work was underway to put this right. Accident records were reviewed by the manager to look for any patterns that may indicate a person needs where changing. Where feedback from external agencies had been given, the manager had listened and taken action. For example arranging training for staff that had been recommended by a visiting health care professional.

The manager checked the quality of the service by the use of audits. Areas checked included infection control, care plans. They also received audits from outside agencies such as the local pharmacy to check that medicines were managed. Action plans were put into place as a result of the findings and improvements were made.

Policies and procedures were in place to support staff. The registered manager held a file which contained policies

Requires improvement

Is the service well-led?

useful for staff. For example, this included the provider whistleblowing policy, safeguarding information, and MCA and DoLS guidance. Staff had signed to say they had read policies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17(2)(C) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.** **The provider had not kept up to date or complete records of care provided.**