

# United Care limited

# The Rubens

## 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

This inspection took place 4 August 2015 and was unannounced. The last inspection was carried out 14 August 2013. The provider was meeting all of the requirements of the regulations we reviewed.

The Rubens is registered to provide accommodation with nursing or personal care for a maximum of 26 people. The home does not provide nursing care. On the day of the inspection 26 people were living at the home.

The home had a registered manager in post who was present for the inspection. A registered manager is a person who has registered with the Care Quality

Commission to manage the home. 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 home is run.

Some people living at the home were living with dementia. We saw people living at the home were supported by staff that were kind, caring and respectful of their privacy. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant

# Summary of findings

people, events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff spoke positively about the culture and management of the home. Staff said that they enjoyed their work and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the home was run in one-to-one meetings with their supervisor and at staff meetings and these were taken seriously.

The registered manager provided good leadership and people living at the home, relatives and staff told us the registered manager promoted high standards of care. People were able to make choices about the way in which their care was provided and staff supported people to be as independent as possible. Staff had the training and support they needed. Relatives were happy with the way their loved ones were cared for.

There was evidence that the registered manager had been involved in reviewing and monitoring the quality of

the home to make sure it improved. There was a system in place to monitor the quality of the home and action had been taken when necessary to make any improvements.

The procedures to manage risks associated with the administration of medicines were followed by staff. There were suitable arrangements for the safe storage, management and disposal of medicines.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

The registered manager and staff protected people's human rights by following the law to protect people. Safeguards to protect people's human rights were in place. This ensured that if there were restrictions on people's freedom and liberty these were assessed by appropriately trained professionals.

People were involved in assessment, care planning and reviewing their care. There was a complaints procedure in place which people knew how to use if they had any concerns or complaints about the home. An activities co-ordinator arranged activities for people including those unable to leave their rooms.

# 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 home was safe.

Staff knew what to do to identify and raise safeguarding concerns. The registered manager acted on concerns and notified the appropriate agencies. Risks were identified and minimised by staff. There were sufficient numbers and skill mix of staff to meet people's needs. Medicines were managed and administered safely by trained and competent staff.

Good



### Is the service effective?

The home was effective.

Staff were trained and had a good knowledge of people and of how to meet their specific needs. The registered manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed where people had their liberty restricted. People were supported to be able to eat and drink sufficient amounts to meet their needs and were referred to healthcare professionals when needed.

Good



### Is the service caring?

The home was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People's independence was promoted and people were encouraged to do as much for themselves as they were able to. People's privacy and dignity was respected by staff and people were consulted about and involved in their care and treatment.

Good



### Is the service responsive?

The home was responsive.

People's care was personalised to reflect their wishes and what was important to them. Risks were assessed and plans were in place for staff to follow to reduce risks to people. Care was reviewed and records were updated when people's needs changed. A range of activities based on people's needs and wishes was available.

Good



### Is the service well-led?

The home was well led.

There was an open and positive culture which focussed on people. The registered manager operated an 'open door' policy, welcoming people and staff's suggestions for improvement. There was a system of quality checks in place. The registered manager carried out audits and analysed them to identify where improvements could be made and action was taken to make these improvements.

Good



# The Rubens

## 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 4 August 2015 and was unannounced. The inspection consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give us some key information about the

home, what they do well and improvements they plan to make. This was completed and returned by the registered manager within the requested timescale. We reviewed this information and used it to help focus our inspection.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection of the home.

During the inspection we spoke with ten people who lived at the home. We also spoke with three family members, five staff, the registered manager and provider. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, recruitment records and records relating to the management of the home which included quality audits.

# Is the service safe?

## Our findings

One person told us, “I feel safe living here”. A relative said, “[person’s name] is definitely safe living here”. All of the people we spoke with told us they felt safe. One member of staff told us, “I feel I could raise concerns and [registered manager’s name] would take them seriously”. Another member of staff said, “We have received training in how to protect people from harm. I would go straight to the manager or deputy to make them aware of any concerns I had”. Members of staff were able to tell us how abuse could occur and what they needed to do if they suspected abuse had taken place. Staff explained their understanding of keeping people safe and everyone we spoke with said they would not hesitate to report concerns. Staff were also aware of the whistle blowing policy. This gives staff access to report poor practice without them being identified. Staff were aware they could raise their concerns with outside agencies such as the Care Quality Commission.

The registered manager had ensured that risks had been assessed and safe working practices were followed by staff. People had been assessed to see if they were at risk. For example, from falls, not eating or drinking enough and moving and handling. The steps to keep people safe had been recorded in risk assessments. This ensured staff were aware of how they should meet people’s needs in a safe way. We spoke with members of staff who were clear where they could find the information on how to minimise risks and when it was appropriate to intervene to keep people safe. The PIR made reference to audit arrangements in place to ensure accidents were reviewed on a regular basis. We saw the registered manager checked for patterns and trends of risks to people. The registered manager checked incidents and accidents to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again.

One person told us, “There are enough staff”. Another person said, “There are always enough staff on duty”. One relative said, “There always seems to be enough staff”. One member of staff told us, “Staffing levels were planned to meet people’s needs”. In addition to the registered manager there were sufficient care staff, a cook, laundry, maintenance and house-keeping staff. The registered manager determined how many staff were required by

assessing people’s individual needs. We saw staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. We saw there was enough staff available to walk with people using their walking frames if they were at risks of falls.

One member of staff told us, “I completed an application form, came for an interview and the manager took up references and a police check on me before I started. It was all very thorough”. Records we looked at showed staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

One person told us, “I have no concerns about the staff helping me with my medicines, I always get them on time”. Another person said, “There has never been an issue with my medication here. Staff know what they are doing with regard to this”. The PIR stated, “Medication audits are carried out internally supported by external pharmacy audits. Covert systems and procedures are correctly used and authorised if deemed as best interest approach”. The registered manager checked staff competence by observing staff administering medicines, ensuring staff followed the medicines policy. Medicines were stored safely in the lockable medicine trolley and were accounted for and recorded. We saw staff administering medicines did this uninterrupted as other staff were on hand to meet people’s needs. Staff knew how to respond when a person did not wish to take their medicine. They advised that it would be offered again according to guidance from the person’s GP. The medication administration record (MAR) sheets showed that people received their medicines at the right times. Medicines were correctly booked in to the home by the registered manager and this was done in line with the provider’s procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor. A medicines audit had been carried out by an external agency the week before the inspection. No recommendations were made following the audit.

# Is the service effective?

## Our findings

One member of staff told us, “It is all about team work. We work as a team, and that team includes everyone, cleaners, care assistants and the manager. This is how we care and support the people that live here, we pull together.” One member of staff told us, “I find the one-to-one meetings we have with the manager really helpful. It helps to focus on work”. Another member of staff said, “The meetings we have with the management team are good. We can reflect on our work, discuss any concerns and know that we are supported. We also have a daily handover at each shift that keeps us up to date with all the residents and how they are”.

We spoke to a newly appointed member of staff who told us they completed an induction when they started work at the home. This included shadowing experienced members of staff in order that they could be supported to learn about the people they were supporting and how their needs should be met. They told us, “The induction process was a positive and helpful experience. I felt fully supported”. All of the staff we spoke with told us that training considered essential by the provider was up to date. Staff we spoke with told us they completed training in a variety of topics.

One person told us, “I am involved in all decisions regarding my care”. Another person said, “Staff do not do anything without me agreeing. I am always aware of what they are going to do. They always explain things to me”. One person told us, “I am not restricted here. I can come and go as I please”. One relative told us, “I do feel involved in my relatives care. We observed staff asking people for their permission before they carried out any required tasks for them. For example, assisting people to the toilet. The PIR indicated that, Deprivation of Liberty Safeguards (DoLS), referrals to the community mental health team, Social workers and Best Interest Assessors were made to ensure Mental capacity Act (MCA) requirements were followed. We saw people who could not make certain decisions because they were living with dementia received medicines after a best interest decision meeting had taken place. A best interest decision is a process that takes place if a person lacks mental capacity to make everyday decisions. A decision is made by people authorised to do so who make decisions in the persons best interest. We found the registered manager and staff demonstrated a good understanding of protecting human rights and

working in line with the MCA and DoLS. DoLS require providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. We saw that the registered manager had arranged for mental capacity assessments to be undertaken and DoLS applications had been made for a number of people who lived at the home. This showed the provider was acting in line with current legislation to ensure that people’s human rights were protected.

One person told us, “We just turn up at the table and eat what we are given”. Another person said, “There is no choice but that is not a problem”. One visitor told us, “I enjoyed the lunch I had”. We saw one person refused their lunch. The member of staff offered them an alternative but they did not want this either. The member of staff told us they would return later to try again to offer the person a meal. We spoke with the cook who told us that a four week menu was in place. They told us the menu was changed with the seasons so that people got a variety of meals. The cook was aware of what action to take if it had been identified that a person was losing weight. They were able to explain how they would increase a person’s daily calorific intake to help them increase their weight. They told us there was no one living at the home that required a special diet. It was also confirmed by the registered manager that there had been no recent referrals to the speech and language therapist. However, the registered manager was aware of how to access the service if people required specialist intervention. We observed lunch and saw that people appeared to be given the same meal. We spoke to staff about how people were offered choices. They told us people had already chosen their lunch from two options off the menu before we arrived with the support of staff. We observed two people did not always receive the support they required to eat their meal. We discussed this with the registered manager who agreed to monitor this. We saw a choice of drinks were offered to people throughout the day and fresh fruit was offered during the afternoon tea round.

People were supported to maintain good health and had access to health care support. Where there were concerns, people were referred to appropriate health professionals. People also had access to a range of visiting health care professionals such as dentists, dieticians, speech and language therapists, opticians and chiropodists. Appointments with health care professionals were recorded in the care files we looked at. Staff told us this

## Is the service effective?

information is shared with them, and if there is a specific treatment plan they carry out the instructions of the professional. For example, one person who would not co-operate in taking their medicines had a mental capacity assessment carried out followed by a best interest decision

meeting which identified the person lacked capacity. It was decided that it would be in the person's best interest to give them their medicines in a disguised way. We saw this was documented clearly and that staff followed these instructions.

# Is the service caring?

## Our findings

One person told us, “I am looked after by kind staff”. One relative told us, “We find that [person’s name] is always well cared for”. Our observation at the inspection confirmed this. Staff were thoughtful. Staff were observed interacting with people in a caring and friendly manner. We saw staff sitting with people engaging in meaningful conversation. People looked to enjoy the company of staff and that they were taking time to chat with them. This indicated positive relationships were formed between staff and people living at the home. We saw one person responded positively when a member of staff greeted them with a smile and wished them a “Good Morning”. One person told us, “Staff take time to sit and talk to me, I enjoy that they make the time to do that”.

One person told us, “[Manager’s name] is very caring”. We saw the registered manager was well known to people, they welcomed people and spoke with them in a relaxed and informal way; this put people at ease. We saw relatives were greeted by the registered manager when they visited the home. They spoke positively about the home and the care their relatives received. Some people could not easily express their wishes or make decisions about their care. Where this was the case people were supported by an appropriate legal representative if this had been authorised by the court. The provider made people aware of links to local advocacy services to support people if they required assistance. Advocates are people who are independent of the home and who can support people to express their opinions and wishes.

One person told us, “I have talked about my care with the staff and I have seen my care record. It says what we have discussed”. Two relatives told us they had both seen their relatives care records. One member of staff told us, “We are encouraged to read people’s care records and engage with people so we are fully aware of the person’s needs”. We saw people’s care records contained information about their independence. Staff told us they encouraged people to do things for themselves when possible. For example, when bathing, care records described what areas people would wash themselves and which areas staff needed to help with. What people thought about their care was incorporated into their care plans, which were individualised and well written. They clearly set out what care the staff would provide.

One person told us, “The staff always respect my privacy and dignity, I have never encountered any issues around this”. Another person said, “Staff always knock my bedroom door before they enter”. A third person told us, “When the staff help me to have a bath I never feel embarrassed. They make me feel at ease”. Staff were respectful when talking with people, calling them by their preferred names. We saw staff treated people with dignity in the way they interacted with them. For example, staff spoke quietly when asking people if they required assistance with personal care tasks so other people in the room could not hear them. We also saw staff knock on people’s doors and waited to be called in before they entered.



# Is the service responsive?

## Our findings

One person told us, [manager's name] came to assess me at home before I moved here. They chatted to me about the things I needed help with". One relative told us, "We are encouraged by staff to visit and stay to lunch if we wish".

One person told us, "I feel fully involved with my care". Another person said, "My care is how I want it to be. I am cared for the way I like it". The provider stated in the PIR that the care planning process included individual pre admission assessment of needs and gathering of information from professionals. Social history detail was also gained to ensure individualised plans were based on choices, involvement, rights and including personal safety and risk. The registered manager told us, "I assess everybody before they come into the home". We saw before people moved into the home an assessment of their needs had been completed to confirm that the home was suited to the person's needs. Care records had been developed on an individual basis and records we saw had been signed by the person or their representative. People along with families had completed a life history so staff had an understanding of significant life events before the person moved into the home. Staff told us they found these helpful. We saw people's care was kept under review. For example, a doctor visited the home to review two people during the inspection. The registered manager told us, "We are here to fit into the resident's routines". People told us their preferences were respected by staff. For example, rising and retiring times, where people preferred to spend their time and where they chose to eat their meals. Records we saw and people confirmed that their care and support were reviewed on a regular basis, with the person and/or their relatives. Where changes were identified, care records had been updated and the information shared with staff. Relatives we spoke with told us they were always updated of any changes with their relatives.

One person told us, "I enjoyed the garden party last Sunday". Another person said, "I attend the church meeting weekly". A third person told us, "I am going on holiday next week". The registered manager told us that some people attended the lunch club at the local church. The home employed an activities co-ordinator to support people to pursue their social interests. We spoke with the co-ordinator who told us, "A recent trip out was a visit to an air museum. We hold exercise classes, handicrafts for fundraising and a lot of people enjoy chatting on a one-to-one basis to improve their well-being". We observed this taking place and one person told us, "I enjoy speaking to [co-ordinators name]". We also observed some people enjoyed a manicure and having their nails painted. Other people enjoyed singing along with the staff to popular songs.

One person we spoke with told us, "I would speak to [manager's name] if I had any concerns about the care or anything else". Another person said, "I would know who to complain to". A third person told us, "I would speak to a carer if I were worried about anything". There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. We spoke with staff and found they were aware of the complaints policy and described what they would do if a person or relative complained. Information about making complaints was given to people when they moved into the home. There was also a complaints policy displayed in the reception area for people to see. Information provided in the PIR about how the service managed complaints was confirmed during the inspection. There had been one complaint since the last inspection. We saw the provider had kept a log of the complaint which detailed the nature of the complaint, investigation and the outcome of the complaint. The complainant was responded to in a timely manner.

# Is the service well-led?

## Our findings

One person told us, “The manager speaks to me every day”. Another person told us, “The home is well run”. A relative told us, “[manager’s name] is very approachable. They [manager] show concern for the people here and are visible in the home”. One staff member told us, “[manager’s name] is very good. They interact with residents and staff. I could take any concerns to them. They listen and act on issues we talk about”. Another member of staff said, “There is an open door policy with [manager’s name]. They are very approachable and professional”.

The registered manager had a clear vision and set of values for the home and staff were made aware of these through training and on-going support. The registered manager was visible throughout the inspection and it was reported by staff that the registered manager was very ‘hands on’. The registered manager told us they were always contactable even when they were not at the home. This was so that staff knew they could be supported if there were any emergencies. Staff we spoke with knew what was expected of them to achieve the home’s vision and values. Staff spoke about the home as being a good place to work. One member of staff told us, “The team of staff are nice it’s a good place to work”. Another said, “I really enjoy working here.” Staff told us that there were plenty of training opportunities, and received regular support from the management team. They also felt empowered, involved and able to express their ideas on how to develop the home. Minutes of staff meetings confirmed that staff were able to raise matters. For example, staff had requested dementia training and this had been arranged. The registered manager continually sought feedback about the home through formal meetings, such as individual reviews with relatives and other professionals and joint ‘resident and relative’ meetings. We saw there had been a

satisfaction questionnaire this year. We looked at the responses from people. Comments were overwhelmingly positive from relatives and professionals about people receiving personalised care, privacy and dignity being respected, excellent care and welfare and a good registered manager leading the home. The PIR stated, “The home is registered as dignity in care champions. Participated in dignity in care roadshow undertaken by Telford & Wrekin Clinical Commissioning Group and received certification”. We saw the certificate on display in the reception area recognising the home’s participation at the event. Comments were also positive about how the registered manager continually worked hard with the staff team to improve the quality of the home and the service it provided to people.

The registered manager was aware of their responsibilities as a registered manager. The registered manager told us they were supported by an area manager and the provider visited weekly. We saw that the registered manager carried out a number of regular audits which ensured the quality of the service provided to people was of a high standard. Action was taken where concerns had been identified. For example, an audit of window restrictors had been completed and this resulted in all of the restrictors at the home being replaced following a serious incident at the home since the last inspection. The PIR stated, “Annual development plan achievement - replace carpets in upstairs original build planned and arranged. Further replacement of communal lounge chairs to match ones already purchased last year, planned for Summer and agreed”. We saw this had been acted on and the registered manager prioritised the plan regularly. We saw a carpet in the main lounge area that would benefit from being replaced. The registered manager and provider acknowledged this at the feedback we discussed with them and agreed to replace the carpet.