

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?

Good ●

Summary of findings

Overall summary

About the service

Rutland Home is a residential home providing accommodation, nursing and personal care for up to 18 people aged 65 and over. Some people living at the service are living with dementia, others are elderly and frail or have medical conditions that require them to live in this type of service. At the time of our inspection, there were 14 people living at Rutland Home.

People's experience of using this service and what we found

People gave mixed reviews on staffing levels at the service. Some people told us they had to wait for staff. We have issued a recommendation to the registered provider in relation to staffing levels.

People said they felt safe with staff and we read risks to people had been identified and action taken to help keep them free from harm. Where people had accidents and incidents these were responded to. People lived in an environment that was regularly cleaned.

People said staff were kind and caring and that they had access to activities. People enjoyed the food they were provided with and told us staff looked after their medicines for them. People said they felt staff were well trained and where people required the input of a healthcare professional this was sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Management carried out a range of audits and looked for ways to improve the service. Some improvements had been made to the service since our last inspection and others were planned. There was a good team spirit within the service and staff worked well together. Staff worked with external agencies and the outside community to increase opportunities for people. Staff received appropriate training and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was rated Good at our last inspection (report published 7 September 2017). We found at this inspection, the service had retained their Good rating.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rutland Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and information we had received about the service since our last inspection. We took all of this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We also spoke with the

registered provider.

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

After the inspection

Immediately following our inspection, the registered manager sent us evidence of action taken to address some shortfalls we found at our inspection. This included Mental Capacity Act assessments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received mixed feedback on staffing levels within the service. One person told us, "Definitely not enough staff. Sometimes they'll come straight away, other times I'm left waiting for ages." A second person said, "I don't think there are enough staff all the time, sometimes I have to wait for a while when I press the call bell."
- Relatives did not have any concerns about staffing levels, although one told us they found at times staff, "Congregate in the area between the office and the lounge." However, another told us, "There is always at least one staff member in the lounge and there's enough staff." Similarly a further relative said, "Generally there are enough staff on duty."
- Staff had varied views on the staffing levels too. One told us, "There's always enough staff. If we get more residents, we would get more staff." However a second said, "There is not enough staff." The registered manager said, "[The provider] is very flexible. He is happy to add additional staff if the dependency level increases. If we're short staffed, we'll call another staff member from the other homes."
- Our observations were that we did not see anyone waiting to be assisted by staff. We reviewed the staff rotas and saw that staffing levels were in line with what the registered manager told us. There were three care staff in the morning, with a registered nurse on duty too. The registered manager said they had increased the care staff numbers by one in the last week to take into account someone new moving into the service. We will check at our next inspection that staffing levels have remained safe.

We recommend the registered manager regularly checks people's views about the staffing and continues to monitor and take action as required.

- Staff were recruited through a robust process which included obtaining references, proof of their right to work in the UK and a full employment history. All staff underwent a Disclosure and Barring Service (DBS) check to help ensure they were suitable to work in this type of service. Where staff were clinically qualified their registration with their professional body was checked.

Preventing and controlling infection

- People lived in an environment that was cleaned regularly. A relative told us, "It's clean and there are no smells."
- We did however observe the sluice (a machine for cleaning soiled equipment) in a downstairs toilet. The toilet was used by some of the people living in the home, this meant there was a risk of them touching the sluice and as such at possible risk of infection. The impact was low however, as most people were accompanied into the toilet by staff. We spoke with the registered provider about this who said they would build an enclosure with lockable door around the sluice. They confirmed this in a letter immediately

following the inspection, the letter stated, "We have already made an action plan to build an enclosure with lockable door in order that the residents using the bathroom will not have access to the sluice machine or be exposed to it." We will check at our next inspection whether this has happened.

Using medicines safely

- People's medicines were managed safely. Medicines were stored in a locked trolley and stock counts were undertaken regularly to help ensure people received the medicines they required.
- Where people were on timed medicines (medicines that had to be given at a specific time) we observed staff supporting people to take these at the correct time.
- People on 'as required' medicines had protocols in place to inform staff of what it was needed for, what signs a person may indicate to show they needed it and maximum dosage.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Rutland Home. One person said, "I feel safe because I trust the staff." A relative told us, "I would say so, I don't worry about her and I trust the staff."
- Where allegations of abuse or concerns around potential abuse had been raised, the registered manager notified the local safeguarding team. They worked in conjunction with them to investigate concerns.

Assessing risk, safety monitoring and management

- Risks to people had been identified and responded to in terms of providing guidance and information for staff to follow.
- One person was at risk of pressure sores. Their care plan stated they should sit on a pressure cushion and we observed this to be the case. A second person was recorded as, 'tends to fall'. As such they required a zimmer frame when walking and staff to be close by. We observed this happening.
- We did observe one staff member carry out poor moving and handling techniques and spoke with the registered manager about this. They told us they would address this immediately with the staff member involved and later said, "[Staff] is booked on refresher training." We received confirmation of attendance on this training following our inspection.
- The environment was checked for its safety. This included gas, fire and legionella checks. Hoists, wheelchairs and slings were also checked to help ensure they were in good condition and safe for people to use.

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded, reviewed and action taken to help prevent reoccurrence. A monthly analysis was carried out to look for trends or themes.
- One person had fallen several times over a short period and as a result their bed was placed at its lowest level and a crash mat placed on the floor beside it to help prevent injury.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although there were capacity assessments in place for some people in relation to possible restrictions, we found this was not consistently the case. Where some people had bed rails or sensor mats in place there were no decision specific capacity assessments relating to these.
- We spoke with the registered manager about this and explained the need for individual, decision-specific capacity assessments for potential restrictions. Immediately following our inspection, they sent us evidence of having completed an audit and the necessary processes to comply with the MCA.
- Other people had capacity assessments and best interests decisions for daily living and a relative had signed the consent for their family member in relation to bed rails and a flu jab where they had the appropriate authority to do so.
- DoLS applications also showed capacity had been assessed for covert medicines (medicines given without the person's knowledge) and the locked front door.
- Staff were knowledgeable in relation to the MCA. One told us, "If a person has capacity they have a choice to refuse medication, etc."

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

- People's needs were assessed before moving into the service and this initial information was used to form the basis of their care plan. This also included any funding authority information. Care plans were reviewed monthly by staff and anyone involved in a person's care to ensure their accuracy and relevance to people.
- Staff followed national guidance to help assess a person's needs or risks. These included skin integrity

charts and mobility assessments.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training and on-going supervision. One person told us, "Staff seem to know what they are doing."
- The provider's PIR stated, 'All staff undertake an induction period when they first join the organisation. A senior member of staff is allocated to ensure that the new staff member has the right level of support to carry out their duties. This includes supervision and on the job training'. Staff confirmed this telling us, "I had lots of training. I did moving and handling recently and dementia." A second member of staff told us, "The training is good."
- Staff said they had regular supervision, giving them the opportunity to speak with their line manager on a one to one basis about their role or any training requirements.

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

- People were happy with the food and drink they were provided with. One person said, "The food is good here. I'm sure if I wanted something different I could ask for it."
- Where people were at risk of malnutrition staff supported them to eat and drink sufficiently to reduce the risk. A dietician had recommended one person was given a smoothie each day. This had happened and we noted their weight had increased and stabilised.
- The chef said, "I will put cream in soup or custard (if someone needed to increase weight). We have diabetic ice cream and the kitchen is open any time if staff want to make a snack for someone."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were cared for by staff who worked across organisations to provide suitable care. This included working with the dietician and the Speech and Language Therapy team. A relative told us, "I am very happy with the care, particularly medically. Staff know her very well."
- Records showed people had received input from their GP, podiatrist and optician. A relative told us, "They (staff) are very good at calling the GP."

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

- The service was undergoing redecoration, with the downstairs repainted and an upstairs bathroom being refitted. Further updating was to take place in relation to a downstairs bathroom.
- Where people required mobility aids these were provided. These included zimmer frames and wheelchairs and there was a stair lift for people's use to access the first floor.
- People's rooms were individualised with their own belongings and some people had identifying items on or near to their bedroom doors, such as memory boxes. A relative said, "The environment is nice."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind and caring towards them. One person told us, "Some of the staff are absolutely lovely, especially him (pointing towards a particular staff member), he's so kind, gentle and thoughtful." A second person said, "Most of the staff are nice enough."
- Relatives reiterated this sentiment telling us, "I have no qualms about the place at all. Staff look after his needs and we chose this home because it is small." A second told us, "I think they (staff) are wonderful. They all look after her." A third said, "It's a welcoming, family environment."
- We observed staff speaking to people in a kind manner, getting down to their eye level and showing interest and patience. A relative told us, "She seems relaxed and seems happy." A second said, "She's happy and she's settled."
- One person was being supported to walk to the lounge area and staff were chatting and laughing with them. The person burst into song which staff encouraged. Another staff member was gently encouraging someone to have some lunch telling them, "Darling, you've got to eat."

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

- People were heard to make their own decisions. One person did not want their main course at lunch time and instead asked for some cheese and biscuits which they were provided with. A relative told us, "Staff allow her to make decisions about what to wear or whether she uses her walker or not."
- A staff member supported one person to their room to bed for a rest, asking the person if they would like their covers on them, the light on or the door open or shut. We heard the person making their own decisions in relation to this.
- A relative said, "They (staff) have listened and where they can provide staff who my [relative] prefers."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged with their independence. Although staff were close at hand when people mobilised, they allowed people to walk independently, rather than moving them in wheelchairs.
- People were treated with respect and we heard staff knocking on people's doors. A relative told us, "The best thing is the staff friendliness and he always looks well cared for."
- One person returned to their room for a rest and privacy they told us, "All of them (staff) are very nice to me. I know that's my bell and all I have to do is ring it."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained sufficient information to help staff provide responsive care. A staff member told us, "I think there is enough information in the care plans. We have monthly reviews and handovers twice a day."
- People had personal profiles which gave their likes, dislikes and specific needs. One person's stated they liked bottled water and we saw them with this. People's spiritual needs were recorded as in the case of one person whose faith was important to them.
- A second person was recorded as, 'loves to chat, sense of humour and likes singing'. We heard them doing all three during our inspection.
- Where people's needs changed short-term care plans were introduced. For example, one person had a chest infection and a care plan was developed giving staff information on how to support the person to recover from this.
- Relatives told us staff provided responsive care. They said, "She would never go to bed, but now they've (staff) got her to go to bed which has helped (relieve pressure on her skin)." A second told us, "They've done well with mum."
- Although no one was on end of life, we read very detailed end of life information in one person's care plan which included what music they would like played whilst in their room.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider's PIR stated, 'All written communication is available in large print and electronic versions and there is a facility to produce documents in pictorial form'. We saw the activities programme was in pictorial format and there was signage on some doors.
- Staff understood each person's communication needs, including where people needed extra support with speech, hearing, sight or understanding. This information was written in people's care plans.

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

- Activities took place within the service which people could participate in, although people gave us mixed views on these. One person told us, "Usually it's just the TV on" and another said, "We've done that quiz a few times now. We never go out and about." A relative said, "When they do activities she (relative) enjoys

them, but there could be more." However, a staff member told us, "There is always something going on here – I know every song now from the 1940s!"

- Staff got to know people's interest and hobbies when they moved into the service. They were able to tell us about people's likes and dislikes and how they adapted activities to suit. This included one person who liked a particular genre of music and another who liked planes. A relative told us, "[Activity lead] is always here doing bits and pieces." Another told us however, "It would be good to see more spontaneous activities."

- We were told yoga sessions had recently started at the service which people enjoyed and other activities included art and craft, baking and singalongs. Pictures showed people participating in activities which included themed events, such as Valentine's or Halloween.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak to should they wish to complain and a complaints policy was displayed for people to read. A relative told us, "I would speak with [registered manager]." A second said, "Any concerns I've had have all been resolved." No complaints had been received since our last inspection.

- We read positive comments and compliments received by the service. These read, 'I can definitely see a change in her both mentally and strength wise. She is enjoying the yoga' and, 'we cannot thank you enough for the kindness and care you showed [name]'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-organised and there was a clear staffing structure. Staff worked across all three of the provider's services meaning they got to know everyone using the service as well as each other.
- Numerous audits were carried out across the service. These included infection control, care plans, the kitchen and medicines. Where areas needed to be addressed in care plans we noted these had been done. An external pharmacy had carried out a medicines audit and found no shortfalls.
- The management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, they notified CQC of events, such as safeguarding's and serious incidents as required by law. We also saw the previous inspection rating displayed at the service.
- The registered manager understood their responsibility to apologise if things should go wrong. However they had not had a need to do this as there had been no complaints received by the service since our last inspection. Relatives told us management were good at keeping them informed if something happened.

Continuous learning and improving care

- The provider's PIR stated, 'Rutland underwent a comprehensive menu change earlier this year. It took into account the trends in reducing red meat content in meals and replacing this with a differing variety of vegetables. We worked closely with our nutritionist to ensure that our meals are now more nutritionally balanced'. The registered provider discussed this with us during our inspection and the chef confirmed it.
- Since our last inspection a stair climber had been purchased to help ensure people could be safely transferred to the first floor.
- The registered provider told us of other planned improvements which included transferring care plans to an electronic system and developing a sensory/memory garden for people.
- The registered manager said they had recently attended a course on how to approach people in relation to their sexuality. This would help encourage people to express their individual characteristics when moving into the service.

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

- The management team were working to create a positive environment for people, relatives and staff. The registered manager told us, "[Provider] is very supportive."

- People, relatives and staff told us there was a visible management presence within the home. One person said, "[Registered manager] she's nice enough." Another told us, "[Registered provider] I spoke with him today." A relative said, "[Registered manager] is always around and if there's ever an issue she's available for a quick chat."
- Staff knew people well and encouraged them to make decisions about their care and support. A staff member told us, "We are a very good staff team. We work well together and [registered manager] helps out."

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

- Although residents meetings were held where food, activities and general aspects of the service were covered a relative told us, "There are not enough opportunities for people to suggest things." In addition to the meetings surveys were carried out. A second relative told us, "They've asked me to do one (survey). They like to know how we feel."
- Staff felt they were valued and staff meetings were held when a range of topics were covered. One told us, "I feel supported and valued. They (management) always say thank you. That's why I've worked here for five years." A second said, "If I need something I just ask."

Working in partnership with others

- There were established relationships with other services involved in people's care and support. The provider was a board member of the Surrey Care Association, active member of the Surrey Elderly Care team and member of the Surrey safeguarding team.
- Activities staff were involved with NAPA, an organisation developing appropriate activities for people living with dementia.
- The service also worked with the local mental health team to support some people who may require this additional support. A relative said, "The involvement of the psychiatrist has really helped."
- The organisation had an ethos of developing and supporting youngsters from the local community. They offered work experience and apprenticeship opportunities as well as working with them on projects relating to educational courses.