

Vista

The Kathleen Rutland Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Kathleen Rutland Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 44 people in one adapted building. At the time of this inspection, there were 37 people living at the home.

At the last inspection in February 2016 the service was rated overall Good, with a Requires Improvement rating in the Effective domain. This inspection took place on 25 April 2018 and was unannounced. At this inspection we found that improvements were required and the service received an overall rating of Requires Improvement.

This home is required to have a registered manager in post. At the time of inspection, the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were required to ensure that people's medicines were administered correctly and were kept secure at all times. Safeguarding incidents also required attention to ensure that investigation and actions to prevent similar occurrences were taken promptly. Staff responding to people's call bells required review to ensure people were receiving timely support, particularly when they were in their bedrooms.

The management team needed to ensure that people's dignity was maintained at all times and that the storage of equipment did not impact this. Further improvements were required to ensure that people and their relatives were involved in regular reviews of people's care; and quality assurance processes needed to be reviewed to ensure they were identifying where improvements were required and taking prompt action to rectify them.

People felt safe living at the home and systems were in place to recruit staff from suitable backgrounds. Systems were in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and people's care needs were effectively assessed when they moved into the home. People's healthcare and nutrition were well supported and people had access to external agencies when they required additional support. Staff were supported well in their roles and had access to appropriate training.

Staff were friendly, jovial and treated people kindly. Staff were knowledgeable about people's preferences and supported them to receive the care they liked, particularly if they were anxious or distressed. People were supported to maintain relationships with people that mattered to them and visitors were welcomed at the home.

People's diverse needs were fully considered in people's care plans and systems were in place to support

people's communication needs. People were able to try new interests and activities and go on visits out of the home if they wished. Complaints procedures were in place and followed by management, and systems were in place to support people to have the end of life care they would like.

People responded well to the management in place and both staff and people commented that they could approach the management and have any concerns listened to. Systems were in place for people and their relatives to provide feedback and this was considered and responded to by management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were required to the administration and storage of medicines and reviewing safeguarding incidents in a prompt and proactive manner. Staff were recruited in accordance with good recruitment practices.

Requires Improvement ●

Is the service effective?

People's needs were effectively assessed and people received support that met with the requirements of the Mental Capacity Act. People's healthcare and nutrition were well supported and staff received appropriate training and supervision to provide effective care for people.

Good ●

Is the service caring?

Improvements were required to ensure people's dignity was maintained at all times and people and their relatives were involved in reviews of their care. Staff treated people well and there was a friendly and jovial atmosphere within the home.

Requires Improvement ●

Is the service responsive?

People's diverse care needs were fully considered and care planning reflected people's preferences. People were able to choose activities or outings they enjoyed and had their communication needs supported.

Good ●

Is the service well-led?

The home did not have a registered manager in post. Improvements were required to quality assurance processes to ensure auditing processes identified and rectified where improvements were required in a timely way.

Requires Improvement ●

The Kathleen 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 25 April 2018 and was unannounced. The inspection was completed by one inspector, one assistant inspector and one 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 service and on this occasion their area of expertise was supporting a relative with care needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with four people and five relatives. We also spoke to the acting manager and the provider's representative. We looked at care plan information relating to five people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, handover information, and arrangements for managing complaints.

Is the service safe?

Our findings

Improvements were required to ensure that arrangements to handle people's medicines were completed appropriately. We observed staff giving people their medicines. We found that staff were knowledgeable about people's medicines and supported people to take them when they were ready. One person's relative commented, "When I'm here, I always see staff ensure that [name] takes it." Staff did not rush people to take their medicines and waited to ensure that people took all their medicines if they wished. However, we saw that one person was given a dispersible medicine in a glass of water and was then told to take the rest of their tablets with the water that had their dispersible medicine in it. It was not recorded in their care plan that this was their preference and they appeared to have difficulty in taking their medicines in this way. This person was being supervised by an experienced member of staff and neither staff member noticed that this was not an appropriate way to take their medicine. We also observed that whilst staff were administering people's medicines, the medicine trolleys were not always locked and were left unattended. This created a risk that people's medicines could go missing.

Improvements were required to ensure that safeguarding incidents were reviewed promptly and improvements were identified swiftly. We found that staff had a good understanding of safeguarding incidents, and knew how to report their concerns. One member of staff said, "If I had any concerns about anything like that I would report it straight away." However we found that after one safeguarding incident the support to ensure that people were kept safe was not reviewed promptly and similar incidents happened a further six times over a period of nine days, fortunately without any serious harm caused to people. Following this incident the provider took appropriate action to prevent a similar occurrence.

People and their relatives told us they felt safe being at The Kathleen Rutland Home. One relative said, "It's a nice environment here, [name] is safe here." We saw that staff were quick to intervene when misunderstandings arose and took action to keep people safe. The environment was spacious which allowed people with mobility equipment to move around safely.

Staffing arrangements were sufficient to support people with their care needs however, improvements were required to the response to people using their call bell. Staff told us that they had dedicated staff available to respond to the call bell however this system was ineffective at ensuring people received timely support. Staff that were not allocated to respond to the call bell rarely reviewed who was using their bell and we saw that throughout our inspection the call bell was also utilised by the hairdresser and optician. This resulted in the call bell sounding for long periods of time which did not ensure that people received timely support and did not contribute to a peaceful and relaxing environment for people.

Recruitment procedures were in place to minimise the risks associated with staff working with people living in the home. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manager completed checks on each new member of staff's work history and obtained references from previous employers. They also checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before people were able to provide care independently to people.

People were protected by the prevention and control of infection. Care staff received training about good infection control practices and we saw that staff utilised personal protective equipment such as gloves and aprons to prevent the spread of infection. The home was clean and free from unpleasant odours and we observed domestic staff working to keep the environment clean.

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about people's risks and were flexible with the support they provided. One member of staff explained that one person had a risk assessment in place about preventing them from falling. We saw that staff supported people that required support with their mobility to ensure they could move around safely. We saw that people's risk assessments contained advice and guidance for staff and these were regularly reviewed and updated as necessary.

Procedures were in place in the event of an accident or incident and these were reviewed. Following specific incidents such as a fall, people's care plans and risk assessments were reviewed and updated as necessary.

Is the service effective?

Our findings

At the last inspection, this domain was rated as Requires Improvement as there was lack of understanding about the Mental Capacity Act and the principles associated with it. At this inspection, we found that improvements had been made.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received training in this area of care but further work was required to ensure all staff received regular refresher training to maintain their knowledge and understanding. Where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required. Staff were fully aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions about their care. The management team took action to ensure that the least restrictive options for people were used whenever possible.

The design and decoration of the Kathleen Rutland Home had been accommodated to meet the needs of people that lived at the home. A large proportion of people living at the home had visual impairment needs. The home supported these needs by ensuring that the home was spacious with plenty of room for people to move around safely with any equipment they may need. The home had its own chapel to support people that required an area for reflection or to follow their beliefs or religious practices. One member of staff told us, "We often use the chapel as a place of reflection if anyone from the home passes away. People appreciate the opportunity to come together and families can come in too if they wish." In addition, the home had a separate sensory garden, and a variety of mock shops, designed to stimulate the senses and trigger memories however during our inspection we did not observe staff supporting people in this area.

People's care needs were effectively assessed by the staff to understand the support they required. These assessments were made with people and their families, and the management team made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the service. The management team considered people's care needs and made efforts to gain as much accurate information about this as possible. This considered people's mental, physical, and social care needs, and this was taken into account to ensure the home only took people who they felt confident they would be able to support.

People's healthcare needs were monitored, and staff were knowledgeable about people's health

requirements. One person's relative said, "I think they look after individuals very well, and they call if there is a problem or if they have had a fall." We saw that staff supported people with long term health conditions and ensured they attended their healthcare appointments if they needed staff support with this. Staff had a good understanding of people's health conditions and ensured they were supported to receive any treatment they required.

People's care needs were carefully monitored and staff worked proactively with external services to support people to have access to the support they required. For example, people were supported to use services within the community including additional support with their mobility or nutrition if required. The home also utilised the local authority 'In-reach' team who support people with dementia living in a care home. This is a multidisciplinary team comprising of psychiatrists, mental health nurses, occupational therapists and healthcare support workers. Staff were knowledgeable about how they could use external services and ensured people used those services when necessary.

People's nutritional needs were monitored with the introduction of specialist staff employed by the home to specifically monitor and review those needs. We saw that people who required pureed or soft meals were supported with those needs and catering staff ensured this look appealing and appetising. People who were at risk of malnutrition were supported to have their meals fortified with extra nutrition to help prevent weight loss or deterioration of their health.

People had a variety of choice at mealtimes. One person said, "They [the staff] come and ask us what we would like for lunch. They have pictures for people who are not sure and if we don't like it we can have a sandwich or something." We saw that staff spent time with people showing them pictures of different foods to help them make a decision about what they wanted to eat. People were given support by staff if they were unable to eat their meals independently and people commented that they enjoyed their meals at the home, and this had greatly improved.

Staff had the guidance and support when they needed it. Following a recent change of management staff were satisfied with the level of support and supervision they received. One member of staff told us, "If I have a problem, I can go to [the acting manager] for support." We saw that staff received supervision from senior members of staff to help them with their performance however this was not always on a regular basis. Staff told us they felt able to approach the management team to request a supervision if they needed additional support.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they were able to support people with their care. One new member of staff told us, "I've been able to read people's care plans and shadow experienced staff so I'm getting to know everyone which is good." We saw that all staff were required to complete a full training program which reflected the Care Certificate and match the specific needs of the people that lived at The Kathleen Rutland Home. For example, staff completed visual impairment training to help support people with those needs.

Is the service caring?

Our findings

Improvements were required to ensure that people's dignity was not compromised. We saw that pieces of equipment that were required to support some people to move, for example hoists, were stored in the bathrooms used by people who live in the home. We saw that on one occasion this resulted in one person being interrupted with their personal care, and other people had their care needs delayed whilst equipment was moved around. Further improvements were required to ensure that staff were better organised to ensure people's care needs were met in a dignified manner. For example, people with visual impairments had to shout to staff to use the toilet, or to wait an excessive amount of time for additional staff to support them with their care needs.

Improvements were required to ensure that people and their relatives were fully involved in reviews about their care. One relative said, "We were involved at the beginning, when [name] first moved in but we haven't been involved in any reviews or anything since." We reviewed people's care plans and saw that they didn't show regular involvement of people or their relatives. We spoke with the management team and they agreed this was an area that could be improved.

People commented on the positive approach of staff who were jovial and friendly. One person told us, "They [the staff] are all very nice. They treat us well. I can't complain." Another person's relative told us, "It's lovely. They [the staff] all care." We saw that staff created a welcoming and homely environment in which people were supported to feel relaxed. Staff encouraged people to sing and chat and ensured that new people within the home were able to meet new people.

Staff demonstrated a good knowledge and understanding about the people they cared for. They knew about people's individual needs and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other.

People were encouraged to express their views and to make their own choices. People were asked about their opinion of matters within the home, and in their day to day lives. One person said, "They ask us about what we like and what we want to do each day." We saw that staff spent time talking to people about their past, or about what they might like to do for the day and people enjoyed these interactions. Staff had a good knowledge about people's usual choices but offered people the option of something different where appropriate. For example, we heard one member of staff ask a person if they would like to sit in a different area of the home for their lunch, and respected their decision when they chose to stay where they were.

We observed the home provided personalised care which supported people's individual requirements, particularly in times of distress or anxiety. Staff were encouraging and attentive and quickly took action to reassure people if they became distressed. Staff held people's arms or gave them a reassuring touch if this was their preference. Staff ensured people had access to their own personalised items that brought them comfort and this helped to reduce their distress.

People were supported to maintain relationships that were important to them. Relatives and friends were able to visit as they wished and we saw that one person was able to have their relative come to celebrate their birthday with them. One person told us, "It's nice that my [relative] can come and visit. [Name of relative] takes me out in the garden or we go for a little walk. I like that." Staff valued people's relationships and did what they could to enable people to preserve them. For people that did not have the support of relatives, the staff were aware that advocacy services could be utilised. An advocate is a trained professional who supports, enables and empowers people to speak up.

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the management team made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required. As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs however, the management team need to review the summary sheets to ensure these matched people's current needs, as detailed in their care plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read, braille, audio or pictorial format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

People were supported to follow their interests and take part in social activities they enjoyed. We saw that the home arranged for regular outings and transport was arranged to take people to visit places they enjoyed, for example, to the garden centre. Other activities were arranged within the home and on the day of inspection people were able to participate in a religious service in the homes chapel. People told us that they were regularly asked if they wanted to join in with activities within the home and we saw that their decisions were respected.

People were supported at the end of their life to have a comfortable and dignified death. End of life care plans were in place and staff had an understanding of how to support people at the end of their life. The management team sought advice from external services to ensure where it was people's wishes they could remain at the home instead of being admitted to hospital.

People and their relatives had an understanding of how they could complain and felt there concerns were listened to. One relative said, "We complained about the bought in food supplier and it has been changed, now they do their own cooking and the variety has improved too." We reviewed how complaints were handled and saw that each complaint had been investigated and actions were taken to attempt to prevent similar occurrences.

Is the service well-led?

Our findings

At the time of inspection, the home did not have a registered manager in post. The provider had begun recruitment procedures following the recent departure of the registered manager. In the interim, a deputy manager was acting up as the registered manager. The provider explained that they were committed to finding the right candidate and understood the CQC requirement to have one in post without delay. People had a good understanding that they could talk to the management team and felt they were approachable. Staff commented that they felt the management were more accessible and regularly spent time supporting staff.

Improvements were required to ensure quality assurance systems identified areas that the service could improve. For example, the home had a call bell monitoring system in place however there were no regular audits completed to ensure that people's needs were responded to in a timely way. The home had a staff dependency tool to review if staffing arrangements equated to people's level of need however, this was not utilised and the management team had no other system in place to review if staffing arrangements and the care that staff provided to people were satisfactory. Care plans were updated on a regular basis however systems were not in place to adequately audit them to ensure reviews were meaningful and people and their families had been adequately involved. Insufficient systems were in place to review training requirements and ensure that people with training needs had them regularly reviewed.

People and their relatives were positive about the management and culture of the service. Staff told us they felt that the care for people and support to staff had improved recently as the acting manager spent a lot of time out of their office and in the communal areas talking to people. We saw that the environment within the home was friendly and supportive. People were encouraged to relax and have fun with staff if they wished. Staff were committed to ensuring people received the care and support they required. Staff had a good knowledge and respect for people's needs.

People and their relatives, and staff were able to provide their feedback about the service. The management team held separate meetings for people, relatives and different staff groups to give their feedback. The management team listened and took action to make improvements where possible. In addition to the regular meetings, the provider asked people to complete an annual survey. We saw that for any negative comments, or ideas for improvement, these were fully considered and action had been taken. For example, people had made negative comments about their outside space. We found that the provider had made further improvements to this area and tried to make them as accessible and safe for people as possible.

The home promoted good relationships with other agencies. Staff had an understanding of how they could work with external agencies for the benefit of people living at the home and did so when necessary to ensure the best possible outcomes for people, for example by liaising with falls teams and other community networks.

The CQC had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding The

Kathleen Rutland Home. Whilst there had been some delay in notifying the CQC of the Deprivation of Liberty Safeguards (DoLS) that had been assessed, this had been rectified before the end of the inspection. The latest CQC inspection report rating was on display within the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.