

Ruislip Care Home Limited

# Ruislip Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ruislip Nursing Home is a care home providing accommodation, personal and nursing care for up to 31 older people, including people living with the experience of dementia and people receiving care at the end of their life. At the time of the inspection, there were 29 people in the home and one in hospital.

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

The provider had quality assurance and audit systems but these were not always effective in identifying the shortfalls we identified during the inspection. Further improvements were needed to ensure that the systems were always effective for checking risks and mitigating any identified risks within the service.

Risks to people had been regularly assessed and reviewed to help ensure the best outcomes, however, we found further improvements needed to be made in relation to safety in the environment. During the inspection the provider addressed these areas immediately and risks were mitigated.

People told us they felt safe. People were supported by staff who were trained to identify and report safeguarding concerns.

Medicines were stored correctly, and people were supported to take their medicines as prescribed by staff who had been trained and competency assessed.

People were supported by staff who knew them well and staff deployment was sufficient to meet people's needs safely.

People and their relatives were involved in their care planning and staff delivered care in line with people's preferences. People's needs were recorded during the pre-admission process and relatives told us there was ongoing involvement in reviews of people's care. This information was recorded in their care plans. The home is accredited to the Gold Standard Framework (a nationally recognised approach to supporting people with end of life care) and people's choices about the way they wished to be cared for at the end of their life had been discussed to ensure their preferences had been recorded and were known to staff.

During the inspection the registered manager informed the inspection team they had visiting restrictions in place in response to the COVID-19 pandemic. After the inspection the provider confirmed the updated government guidance in relation to visitors in a care home was now followed and visitors were permitted entry into people's rooms. People were encouraged to engage in activities of their choice, and we saw a daily programme of activities available.

People and their relatives told us the service was well managed, and they were happy with the care delivered. Comments from relatives included, "I would recommend, they are really caring..." and "I would recommend. The staff seem engaged and there is a broad offering."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 March 2020).

#### Why we inspected

This was a planned focused inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see all the safe and well-led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good**



### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Requires Improvement**



# Ruislip Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by an inspector and an inspection manager. An Expert by Experience also supported the inspection by telephoning relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ruislip Nursing 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 not 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 took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke eight members of staff including a co-director of the home, the registered manager, activities coordinator and care staff. We reviewed a range of records including five people's care records and multiple 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

We continued to seek clarification from the provider to validate evidence found. We spoke with the relatives and friends of nine people who used the service via telephone.

# 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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not always mitigated risks within the environment. They addressed these during the inspection visit, once we signposted them to what was wrong. .
- The provider had a system to regularly check water temperature at water outlets to which people had access to, to make sure the temperature was within a safe range. While touring the premises we identified at least one water outlet where the water temperature was higher than 44 degrees centigrade which could pose a risk of scalding to people. The provider took prompt action to adjust the thermostatic valve to address this matter. They told us there was a build-up of limescale on the affected thermostatic valve and would check all the other thermostatic valves and would replace any that were found to not be working well.
- We also saw five areas, including en-suite toilets, communal toilets/bathroom, where there were no pull cords for people to alert staff if this was required. The provider addressed the matter as soon as we pointed this to them and said they would make arrangements to have these pull cords in place.
- We also saw at least one window on the first floor where the window restrictor could be disengaged which meant the window could be fully opened which can pose a risk to people of falling from height. A fire door with direct access to a set of outside stairs had a risk assessment but the risk of a person exiting the home through that fire door had not been considered. All these matters were addressed promptly when we mentioned it to the provider's senior staff.
- Risks relating to people's health and personal care needs were appropriately assessed. We saw a range of risk assessments in people's care records to address aspects of their care and their specific needs. These included risk assessments in relation to their medical conditions, falls, risks of developing pressure ulcers, malnutrition and absconding. The risk assessments were reviewed at least monthly or as and when required in response to changes in people's needs. Staff we spoke with were aware of the risks to people and knew about the action to take to mitigate the risks.

### Preventing and controlling infection

- We observed the service to be clean and the provider had effective cleaning schedules in place. However, during the inspection we noticed a slight malodour within an area of the home, we brought this to the attention of the registered manager who sought to rectify the situation immediately.
- Staff had received training on infection control and understood how to prevent the spread of infection and maintain a hygienic environment by following the infection control procedures in place.
- Staff were observed wearing personal protective equipment (PPE), such as gloves, aprons and masks at all

times. Staff told us they were supplied with enough PPE and were regularly tested for COVID-19. One staff member told us the service provided staff with a test kit and are only permitted to work once the service receives assurances that staff are free from the virus.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here, it's very good." Relatives echoed this with comments including, "The home is very protective", and "The home is very safe."
- The provider had effective systems and processes in place to help keep people safe. All staff had received training on how to recognise and report signs of abuse and were able to explain what action they would take if they suspected or witnessed abuse. One staff member told us, "I'm going to whistle blow [If I witnessed abuse], I'm going to tell the manager." Another staff member said they would, "Report it to the management, to my senior or to my nurse."
- Where safeguarding incidents had occurred, the provider responded to them appropriately by conducting thorough internal investigations, working with the local authority safeguarding team and submitting CQC notifications when required.

Staffing and recruitment

- There were enough staff deployed to meet people's needs and keep them safe.
- On the day of the inspection, we observed sufficient staffing levels and records confirmed that people were supported by regular staff who the manager confirmed knew people's needs well.
- People's dependency levels were calculated to determine each person's individual needs. The provider reviewed this monthly to ensure there were suitable numbers of staff deployed.
- The registered manager ensured staff recruited, passed the necessary preemployment checks prior to working at the home. On the day of the inspection we spoke with a staff member who had been successfully recruited for the position of a carer but had not yet officially started their role. The provider confirmed that it was important for staff to have a suitable induction to the service and have sufficient time to read key documents to understand people's needs and preferences prior to providing support.

Using medicines safely

- People's medicines were managed in a safe way to ensure they received their medicines as prescribed. The provider had recently introduced an electronic medicines management system to improve the way medicines were managed. Medicines we checked were appropriately recorded, stored and administered to people.
- The temperature of the fridge and room where medicines were stored was monitored and recorded to ensure medicines were stored appropriately and within the right conditions. A sample check of controlled medicines showed that these were also appropriately stored and recorded. Dates of opening of medicines were recorded, where this was required to help monitor their expiry dates.
- People who were given medicines in a covert way (without their knowledge) had risk assessments in place. While these had previously been agreed with the person's GP's, they were in the process of being agreed with a new pharmacist and updated to take into account the new electronic medicines system.
- People who were prescribed medicines to be given as required had protocols in place so staff knew how and when to administer these medicines.

Learning lessons when things go wrong

- We saw documentation of an investigation where a person had developed had a pressure ulcer. This highlighted possible contributing factors such as the person's diet and included instructions for staff on repositioning. This investigation helped to ensure that the person's pressure ulcer had healed and that learning took place to help prevent reoccurrence of similar incidents.



- The provider had effective systems to record and learn from any incidents or accidents that occurred at the service. Records showed that an incident identified around the safe storage and administration of medication. This was discussed with staff at a team meeting to find resolution and to establish better ways of working.

# 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.

This meant people's needs were met through good organisation and delivery.

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

- On the day of our visit we found that the service was not following the COVID-19 government visiting guidance by not allowing indoor visiting by named visitors to take place in people's rooms. However, visits could take place in the garden or visiting pod. We were told by the registered manager that the home was taking extra precautions and had put restrictions in place due to the prevalence of the new COVID-19 variant in the local area. Following the inspection, the provider began to adhere to and work in accordance with the government guidance by allowing named visitors to visit people in their own room.
- There was a section in people's care plan that addressed their social and recreational needs. These contained information about the activities people were interested in.
- The home employed an activities coordinator and we saw them engaging with people. We saw a programme of activities displayed in the home. On the day of the inspection bingo was taking place in the afternoon and a person we spoke with said they were looking forward to the bingo session.
- Where people remained in their rooms because their care and support needs meant they needed to remain in bed, staff visited to talk with them. We saw that one to one sessions were recorded in people's care plans. The activity coordinator told us they would often do strengthening exercises to encourage movement, hand massages or reading. They told us how important it was to the service to ensure that people continued to maintain a good quality of life and were not left isolated.

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.

- At our last inspection we made a recommendation that the provider should make provisions to ensure that people who did not speak English were supported by staff who spoke in their language. They had met this recommendation. Feedback from relatives confirmed this, one relative said, "Some carers can speak to [Person] in [their] native language which [Person] responds to. It is very comforting." Another relative said, "There have been some fantastic carers and some who have spoken [Person's] language."
- All care plans contained information about how people communicated and if they needed any support to help them understand information and communicate their wishes and preferences. This included information about the languages they spoke, if they were able to read and in what format they needed the information to enable them to understand it.

- Information was available in accessible formats for people, such as a complaints policy in easy read. Posters were displayed throughout the home and pictorial aids were used to help people understand information better.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were appropriately assessed after their admission to the home. We saw that care plans were then put in place to reflect their needs and preferences. These contained details about the actions staff needed to take to meet people's identified needs. For example, the provider had records which contained information about people's gender preferences regarding staff when receiving personal care and had allocated named staff to support people in line with their wishes.
- Care plans were created and reviewed with people or their relatives. A relative confirmed this and told us, "Every six months there is a review and we go through it. The nursing home reviews it every month as well."
- Care plans addressed people's cultural and spiritual needs and had information about their backgrounds so staff understood the person receiving care. The provider had information about the cultural needs and practices of various ethnic groups and religions so staff could better meet their needs.

End of life care and support

- The home is accredited to the Gold Standard Framework (GSF). The GSF provides a framework for a planned system of end of life care in consultation with the person, their relatives and relevant healthcare professionals.
- All people who are admitted to the home are assessed for end of life care needs. Where they have been willing to be involved and have shared information about their wishes and preferences about end of life care, these were recorded in their care records and advance care plans were in place.
- People's wishes about whether they would like to be resuscitated should they stop breathing was also recorded and available in their care records. Where possible these have been kept under review.
- Staff in the home have been trained and felt skilled and experienced in meeting people's end of life care needs. Feedback from staff and other health and social care professionals was positive about the care the service provided for people at the end of their lives. to a very good standard. A healthcare professional told us that staff actively shared information and followed guidance provided for people. Comments included, "They've been very organised, the paperwork is very organised. They are really good, they raise concerns if they have residents who they think are becoming end of life."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people should they wish to raise a concern if they were not happy with certain aspects of the service.
- People who lived at the service told us they were aware of how to raise a complaint and felt confident they could share concerns with staff. One person said, "I'd go to [Manager] then [Deputy Manager] if [Manager's] not there. They are very good." Comments from a person's relative included, "It's not been necessary to complain. I feel I can be open with [Provider]."

# 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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 systems and processes used to monitor the quality and safety of the service provided to people were not always operated effectively as they did not identify some of the safety issues found during the inspection, such as the scalding risk to people, window restrictors that could be easily disabled and the absence of emergency pull cords in several of the homes toilets. We also found the visiting arrangements the service had in place did not follow government visiting guidance. .

Failing to operate effective systems to monitor and improve the quality of the service and mitigate risk was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the provider took immediate remedial action to address these shortfalls and agreed they needed to strengthen their governance arrangements. The provider had also implemented a system for regular audits and checks to monitor and assess the quality and safety of the service and to help ensure people were receiving support in line with their care plans. This included areas such as healthcare appointments, food and fluid, and fire audits.
- The registered manager understood their legal responsibilities under the duty of candour to be open and honest when things went wrong. We saw evidence that when incidents had occurred, statutory notifications were submitted to CQC, a duty of candour letter was sent to people and their relatives and this information was also shared during staff discussions.

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

- People using the service, their relatives and staff told us they felt the service was well led and that the manager was approachable and supportive. A person using the service said, "The manager is good, [Manager] listens to me whenever I call,". Comments from relatives included, "I have the manager's telephone number and I have contacted [Manager] and got a speedy reply" and "The home is pretty well organised, and they will inform me of any events."
- We observed kind interactions from staff with the people they supported and there was a welcoming and

inclusive culture within the home. Staff told us that they felt supported and it was apparent that they recognised the importance of delivering person-centred care. One staff member said, "I love the job, it's nice, I class them as my family."

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

- People were able to have one to one sessions with staff to share their experience about the service.
- Group resident meetings were held for people who used the service to share news about the home's developments, however, there was a lack of evidence to demonstrate the contribution and involvement of people's voices during those meetings. We fed this information back to the provider to encourage people to make suggestions and record the responses and actions taken as a result.
- People's relatives informed us that the provider did not actively seek their feedback about the care provided in the form of a questionnaire or survey but confirmed that ongoing dialogue was maintained and information was shared with them. Comments included, "[Provider] are quick to tell us anything. Seems to be a nice efficient place. Seems a cheerful home." Another relative said, "The staff nurse will call me if there are any problems."
- Regular staff meetings, supervisions and appraisals were held with all staff, records showed that this presented staff with the opportunity to share and keep updated with relevant guidance in order to support people safely, know what is expected of them, and to have their skills assessed and reviewed.

Working in partnership with others; Continuous learning and improving care

- The provider was receptive to the feedback given by the inspection team during the inspection. Where areas for improvement was highlighted, the provider was openly committed and responsive to improve care delivery.
- There was continuous learning to improve care. The host local authority that also commissioned the care for some people living at the service carried out regular checks of the provider's ability to meet people's needs and ensure their safety and wellbeing. This helped ensure there was a consistent approach to the quality of care delivered for the provider to meet people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed.</p> <p>Regulation 17 (1)</p>