

Rutland House Care Home Limited

# Rutland House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 March 2017 and was unannounced. At our last focused inspection on 11 October 2016 we found the provider was not meeting legal requirements in relation to safe care and treatment and good governance. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check the provider had followed their action plan and to confirm that they now met legal requirements. We found the provider had taken all the necessary action to make the necessary improvements which meant they were no longer in breach of regulations. We are changing the rating for the two key questions 'Is the service safe' and 'Is the service well led' to Good, and we are therefore changing the overall rating to Good.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rutland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rutland House Care Home provides accommodation and personal care for up to 20 people. The service specialises in the care and support of older people who may be living with dementia. At the time of our inspection there were 17 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had made improvements to medicines management systems which meant they had taken action to protect people against the risks associated with medicines. The registered manager had put necessary guidance in place for staff to follow in administering some medicines to people and medicines administration was now recorded clearly. Our stock checks indicated people received medicines as prescribed and that records the provider made regarding medicines were accurate.

The provider had reviewed the audits in place to assess, monitor and improve the service. The registered manager had introduced effective medicines audits so they regularly checked that people received their medicines as prescribed. In addition the registered manager had also introduced monthly audits of care plans as well as of other aspects of service provision including accidents and incidents, pressure ulcers and falls. The registered manager had reviewed the medicines and complaints policies which we found to be lacking key details at our previous inspection.

## 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 ●

We found the provider had taken action to improve the management of medicines. The provider had reviewed the medicines policy and put in place necessary guidance for staff to follow in administering some medicines. Records relating to medicines were now completed clearly.

### Is the service well-led?

Good ●

We found the provider had improved their quality assurance systems and records to protect people against the risks of unsafe and inappropriate care.

# Rutland House Care 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 8 March 2017 and was unannounced. It was undertaken by a single inspector. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 11 October 2016 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well-led? This is because the service was not meeting legal requirements in relation to those questions at that inspection.

Before our inspection we reviewed information we held about the service and the provider. During the inspection we spoke with three people using the service, two relatives a director and the registered manager. We looked at medicines records and records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

During our last inspection on 11 October 2016 we found some aspects of medicines management were not safe. At that inspection we identified a lack of clear, accessible guidance for staff as to how, when and why some medicines should be administered. Some medicines administration records (MAR) were poorly maintained which did not allow for a clear audit trail and which also increased the risk of mistakes being made when medicines were administered. We also found the provider's policy and procedure for homely remedies did not comply with good practice in this area. A homely remedy is a non-prescription medicine that is available over the counter and can be used for the short-term management of minor, self-limiting conditions.

After the inspection, the provider wrote to us with their action plan setting out how they would improve the management of medicines by 31 January 2017. They told us they would review their processes for record keeping in relation to medicines, including ensuring topical creams were recorded as administered on the MAR. They also told us they would review their policy and procedure relating to guidance for how, when and why medicines such as 'as required' medicines should be administered and also homely remedies.

At this inspection we found the provider had taken the action they set out in their action plan to meet the breach of regulation. Staff were now recording administration of medicines appropriately on medicines records.

The registered manager had put guidance for the management of medicines including 'as required' medicines and homely remedies through consulting with the GP and Pharmacist. This meant guidance was available for staff to follow in administering these medicines to all people. In addition the registered manager had reviewed the home's medicines policy to include guidance on homely remedies. They had followed the National Institute for Health and Care Excellence (NICE) 'checklist for care home medicines policy' when updating the medicines policy to ensure it met national guidelines. Staff now had access to clear instructions and skin maps for how, when and where to administer prescribed creams or ointments. Skin maps provide visual guidance for staff on where to administer creams or ointments. Our stock checks indicated people received their medicines as prescribed and there were clear audit trails of medicines in the home.

## Is the service well-led?

### Our findings

At our inspection on 11 October 2016 we found a breach of regulation in relation to good governance. This was because the issues we found with the management of medicines did not give us full assurance that the provider's quality assurance systems were fully effective. Although managers carried out medicines audits they did not check that current arrangements reflected best practice so there was a risk that people would not always experience the best care and support they needed to keep them safe and promoted their wellbeing. We also found some of the information contained in records and policies and procedures was out of date or inaccurate. We found on one care record two different versions of a person's support plan, which could have been confusing for staff unfamiliar with their needs. People were also not correctly informed about how they could take their concerns or complaints further if they were dissatisfied with the service. After the inspection the registered manager submitted an action plan setting out how they would make improvements in this area by 31 January 2017. They told us they would review auditing procedures for medicines management and would also review records and policies and procedures which were found to be out of date or inaccurate.

At this inspection we found the provider had taken the action set out in their action plan and they were now compliant in relation to good governance. They had reviewed the auditing systems relating to medicines management and put in place a new system of checks. These checks included daily, weekly and monthly checks of all aspects of medicines. The registered manager had also consulted with the pharmacy to check their medicines management processes.

The registered manager had implemented a new system to audit and update people's care plans each month. We found this system to be effective in ensuring people's care plans contained up to date information for staff to refer to. In addition the manager audited other aspects of the service each month including accidents and incidents, falls, pressure ulcers and deprivation of liberty authorisations. Records showed they had made improvements where they had identified these were required through these audits. The registered manager had also updated the complaints policy and the medicines policy which we found to be out of date at our last inspection and had a schedule in place to update other policies.