

Ruislip Care Home Limited

Ruislip Nursing Home

Inspection report

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Ruislip
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 19 January 2015 and was unannounced. This was the first inspection of the service since the service was registered in July 2014.

Ruislip Nursing Home is a care home registered to provide accommodation for people who require nursing or personal care. The service can accommodate up to 24 older people and people living with dementia. When we inspected, 19 people were using the service. Many of the people using the service were receiving end of life care.

The home's manager registered with the Care Quality Commission (CQC) in 2009. A registered manager is a

person who has registered with CQC 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.

People told us they were very happy with the care they received and their relatives and health and social care professionals involved in people's care commented

Summary of findings

extremely positively on the service. They told us the provider and registered manager ran the home very well. People's health and social care needs were identified and met.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

Staff had the training they needed to care for people. Specialist training was organised to help staff meet people's end of life care needs. Nurses and care staff were able to tell us about people's individual needs and how they met these in the home.

Staff understood and followed the provider's safeguarding and whistleblowing procedures. They also understood the importance of reporting any concerns about the welfare of people using the service.

People and their relatives told us they knew about the provider's complaints procedure. They were confident the provider and the registered manager would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Care records clearly reflected people's health and social care needs and staff regularly reviewed each person's care and support. The registered manager, senior staff, nurses and care staff communicated very effectively to make sure all staff were up to date with each person's care and support needs.

The provider and registered manager kept up to date with new information and actively sought out new experiences that could benefit people using the service. Effective systems were in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People using the service told us they felt safe. Staff had completed safeguarding adults training and they could tell us the provider's procedures for reporting suspected abuse.

There were enough staff to meet people's needs and the provider carried out checks on all new staff to make sure they were suitable to work in the home.

Staff followed the provider's procedures to make sure people received the medicines they needed safely.

Good



Is the service effective?

The service was effective.

People told us staff were well trained and staff told us they had completed the training they needed to look after people.

The provider had involved people, their relatives and staff in work which led to the award of the Gold Standard Framework for end of life care.

The provider acted in accordance with legal requirements to make sure people were not deprived of their liberty. Staff made decisions in people's best interests when they were unable to give their consent.

People told us they enjoyed the food provided. Staff assessed people's nutritional needs and made sure these were met.

People using the service had access to healthcare services and they were supported to stay healthy.

Outstanding



Is the service caring?

The service was caring.

People using the service and their relatives commented positively on the nursing and care staff employed in the service.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

Staff supported people to make choices about aspects of their daily lives and helped them to take part in activities they chose.

Good



Is the service responsive?

The service was responsive.

People using the service and their relatives were involved in making decisions about the care and support they received.

Good



Summary of findings

People's care plans were very individual. Staff wrote the plans from the person's point of view and gave a clear picture of their individual abilities and needs.

The provider had procedures for responding to complaints. People's relatives told us they had never needed to complain and staff quickly resolved any problems people had.

Is the service well-led?

The service was well-led.

The registered manager and provider had a clear vision for the service and people living there. There was an open and positive culture where staff felt empowered and involved.

There were systems for monitoring the quality of the service and the staff completed regular audits to identify how they could improve people's care.

The provider, manager and staff had reviewed all aspects of the service to meet people's end of life care needs and the service had been awarded the Gold Standard Framework for end of life care.

Good



Ruislip Nursing 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 checked 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 19 January 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for a person with dementia.

Before the inspection, we reviewed the information we held about the service, including statutory notifications the provider sent to CQC regarding significant incidents in the home.

During the inspection, we spoke with four people using the service and five visitors. We also spoke with the provider, the registered manager, a nurse, five care staff and the cook. We also looked at the care records for three people using the service, four staff records, the home's complaints records and other records relating to the management of the home, including audits carried out by the provider and the registered manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Following the inspection, we spoke with two health care professionals who had worked with people using the service.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, “I am very happy here” and said they felt safe. A second person said, “I’m happy here. The care is good and they look after you well. I couldn’t expect any better. I think they do pretty well.” This person also said they felt safe in the home. A relative said, “I’m happy with the care. She seems happy. She is clean and well-fed. It’s an old-fashioned home but it suits her needs. She is safe here.” A second relative said, “It’s been brilliant. I trust the staff. I have never seen or heard anything of concern.” This relative had gone away for a week the previous year and had no qualms about leaving her relative in the care of the home. She said she slept at night knowing her relative was safe. A third relative told us, “The care is very good. They are excellent. They look after her. She is always clean.” This relative also said she slept well knowing her [relative] was well looked after.

The nursing and care staff we spoke with told us they would act if they suspected someone was abusing a person using the service. One staff member said, “We know we must tell somebody if we think there is abuse. I would tell the nurse-in-charge or the manager.” A second staff member told us, “We have training to keep people safe. We are told we must report any abuse.”

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in February 2014. The provider had also produced an easy-read version of the procedures to make the information more accessible to people using the service. The procedures included clear guidance for staff on identifying possible abuse and reporting any concerns they had. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and others and staff had access to clear guidance on managing identified risks. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered falls, mobility, nutrition and pressure care. Staff had reviewed the risk assessments we saw at least once a month. Where reviews identified the need to make changes, we saw the manager

and staff took appropriate actions to make sure people received safe and appropriate care. For example, following a fall, staff reviewed and updated one person’s risk assessment and reviewed guidance for staff to meet the person’s increased care needs.

The provider ensured there were enough staff to meet people’s needs. Most people said that there were enough carers. People’s comments included, “There are enough carers,” “I never have to go and look for staff. They are always available” and “There seem to be enough staff.” One relative did say, “I don’t know if there are enough carers. If she asks for assistance, it might be a long time coming. I’m nervous how she is at night only because I don’t know.” Another relative said, “on the whole there are adequate staff numbers. Sometimes they are short staffed, but I am satisfied overall.”

Nursing and care staff told us, “We have enough staff, but we’re always busy.” A second member of staff said “It’s a very good home, the staff are all really good and we work well together.”

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support and when people used the aid call systems in their rooms, staff responded promptly.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service checks.

We saw the provider had policies and procedures to responding to emergencies, including power failure and the need to evacuate the premises. We also saw records of safety checks of the home’s hot water and fire safety systems and service records for hoists, assisted baths, the passenger lift and portable electrical equipment. All of the checks and service records we reviewed were up to date.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed staff giving medicines to people, and qualified nursing staff did this safely. We saw that staff took time to administer medicines to people in a caring manner without rushing. We also saw nursing staff assessed people for signs of pain if they were unable to communicate verbally that they were in pain.

Is the service safe?

There was an effective ordering system for medicines, to ensure that medicines were always available for people. The provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to

medicines. These records provided evidence that people were consistently receiving their medicines as prescribed. All medicines, including controlled drugs were stored securely and nursing staff kept accurate records.



Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person said, "It's a good home. I'm satisfied with the care I get." A second person told us, "Yes, I'm happy here, the staff are very kind."

The provider ensured staff completed the training they needed to work with people using the service. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, we saw the manager had arranged for all new staff to complete the home's own induction programme, as well as the Skills For Care Common Induction Standards.

As well as induction and essential skills training, we saw the provider arranged additional training where staff needed this to enable them to meet people's specific care needs. For example, the provider had arranged training sessions on dementia care and challenging behaviours. Nursing, care and ancillary staff had also completed training on the Gold Standard Framework (GSF) to enable them to support people with their end-of-life care. The provider had also involved nursing, care and ancillary staff in developing the portfolio of evidence submitted to achieve GSF accreditation. This preparatory work had taken some months to complete and we saw the provider involved staff from the home at each stage. As a result, staff were able to tell us about the award and the importance of supporting people well at the end of their lives.

Staff told us they felt well trained to do their jobs. One member of staff said, "I haven't been here that long but I have done a lot of training." A second staff member told us, "The training is excellent." A third member of staff said, "My induction was excellent. I worked with more experienced staff until I was confident to work on my own."

Links with health services were excellent. A health care professional who worked with people using the service told us, "The care is very good. The staff training and development programmes are excellent." A second health care professional said, "The home refers people appropriately and the staff always follow the treatment plans we provide. Communication is excellent."

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

We spoke with the manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. We saw the registered manager had worked with the local authority and had submitted applications for authorisation where people's liberty was restricted in the service. For example, many of the people using the service were unable to go out alone and needed staff support. The provider had recognised this was a restriction and had applied to the local authority for authorisation, as required by the Safeguards. The registered manager was aware of the need to inform CQC of the outcome of each DoLS application.

Where people were not able to make decisions about the care and treatment they received, the provider acted within the law to make decisions in their best interests. The care records we saw showed the provider had arranged meetings with relatives and other people involved in people's care to agree decisions in the person's best interests, a requirement of the Mental Capacity Act 2005. For example, some people using the service needed bed rails to keep them safe. We saw the manager and provider had discussed the risks and benefits of bed rails with people and their representatives and they signed consent forms where all involved agreed this was the best option to keep the person safe.

The people and visitors we spoke with were generally complimentary about the food provided in the home. One person told us, "The food is good." A second person said, "The food is excellent," but commented the portions were too small and that he was hungry. We discussed this person's care with the registered manager during the inspection and saw records that showed the person was eating regular meals and snacks between meals. A relative commented, "The food is good, she is well fed." Another relative said, "The food is always tasty, and there is variety. The cook is brilliant." A third visitor said the food looks OK, and that the staff ensured that her relative had enough to drink. Another relative said that eating the food provided in the home was probably the only pleasure his relative now had.



Is the service effective?

At lunchtime, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We found that the people we observed had a positive experience during their meal. Staff supported people appropriately and ensured they spent time with individuals who needed assistance. Staff engaged in conversations about the food and other topics while they supported people.

People's nutritional care needs were assessed, with support from a dietician where required. Where staff recorded people's food and fluid intake, the registered manager had produced clear guidance materials for staff to

ensure they recorded accurate amounts. For example, the manager had given staff pictures of the cups and glasses used in the home with the quantity each contained to ensure accurate recording of fluids.

The provider arranged for and supported people to access the healthcare services they needed. The care plans we looked at included details of people's health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. Two health care professionals told us staff from the home referred people appropriately when they needed specialist health care support. They told us the provider and registered manager communicated well and were proactive in seeking support to help people maintain good health.

Is the service caring?

Our findings

People and their relatives were very complimentary about the nursing and care staff. One person said, "They are all nice to me," A second person said, "The staff are all lovely." But one person was a bit more critical. They told us, "The nurses don't do much." They also said that communication with the care staff was not good, "They don't answer". We discussed this with the provider and the registered manager who explained the person had good days and bad days. On good days they were very complimentary about the care and support they received, on other days they were less positive. Care records showed staff visited the person in their room regularly to make sure they had all they needed.

Relatives' comments included, "They are as attentive as they can be. All her needs are looked after. I have no idea how they stay so caring and cheerful," "The carers are pleasant and caring, they have the patience of a saint. The communication is good. The young girls are deferential, they try to cajole them, they always approach them politely and kindly. The girls are a joy to be with." The only criticism this relative had was to do with the shape of the lounge – that it is long and narrow, which made it more difficult for people to interact.

Other relatives commented, "The staff are very nice, they are kind and caring. They do whatever you ask. They do put themselves out. They are used to her ways, especially the ones who know her. The staff are pushed to the limit, but they always respond, even when some call 'nurse' lots of times."

"All the carers and nurses are kind, caring and considerate. They're lovely, they go over and above. The staff explain everything. If he cries, they try to find out why and put it right." This person added the staff do the residents' nails every week, and that a hairdresser and chiropodist come regularly. One of the people we spoke with confirmed this; she also said that she didn't feel that there was anything she couldn't ask for.

"The staff are gentle, friendly, polite, I've never heard any staff shout. I trust the home and the carers, definitely." This relative said how patient the staff were with her relative when she first came to the home.

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they

needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff ensured they respected people's dignity and privacy when they received support with their personal care needs. We saw signs on bedroom doors reminding staff to always knock before entering and signs that staff placed on the door when they were supporting people with personal care tasks.

At lunchtime, we saw how calm, patient, caring and attentive the staff were, even with one person who spoke quite aggressively at times. We did notice that when staff removed one person's meal, they left a drink on the table a bit too far away for the person to reach. However, we noticed later that staff had moved the drink so the person was able to reach it.

We also saw staff supported people to choose where and how they spent their time. While some people came to the main lounge, others chose to stay in their rooms. All of the people we saw were clean and well dressed. Staff told us they supported people to choose the clothes they wore each day and they were able to tell us the clothes each person preferred. One member of staff said, "All of the people here like to be smartly dressed, so I make sure they have nice clothes each day."

A relative said that the member of staff who ran the activities did all she could with people. She told us there were regular sing-alongs, outings were organised and people were encouraged to go into the garden, when the weather allowed.

Another relative said the staff were very good at involving people in lots of activities and looked after their individual needs. They told us, "They think about what they can do to make people's lives better." This person added the staff warmly welcomed people back to the home whenever they have been out.

A third relative said they had signed a form to say that the home could take their relative to the park, but despite much encouragement from the staff, their relative did not want to go out.

Another relative said, "Christmas is great here." We saw the provider and registered manager arranged various activities during the Christmas and new year holidays, including visits by bell ringers and young people from local schools who came to sing carols.

Is the service caring?

People's care plans included information about their needs in respect of their gender, religion and culture. For example, we saw staff asked people about the gender of staff who supported them with their personal care and this was respected. The provider's initial assessment form for people referred to the home also gave the option of 'transgender,' as well as 'male' or 'female.'

A health care professional told us, "Their care planning systems are very robust."

One person's care plan showed their religion and recorded their wish to attend a local place of worship. We checked the daily care notes completed by staff and saw staff offered the person the opportunity to attend the place of worship each week but they always refused. However, the notes showed staff supported the person to meet regularly with someone from the place of worship when they visited the home.

Is the service responsive?

Our findings

Relatives told us the provider pro-actively held regular reviews with them to go through people's care plans. The care plans we looked at confirmed that people and their relatives were regularly involved in reviewing the care and treatment people received.

Where possible, people were involved in making decisions about the care and support they received. Where this was not possible, we saw nursing and care staff worked with the person's family, health and social care professionals to identify their needs and develop a care plan. We saw the person using the service or their representatives had signed all of the care plans we looked at.

People's care plans reflected their views and aspirations and included information about what they could do independently and areas where they needed support from nursing and care staff. The care plans we saw were very individual. Staff wrote the plans from the person's point of view and gave a clear picture of their individual abilities and needs.

The provider had systems in place to gather the views of people using the service and others. Relatives said that relatives' meetings took place and they were happy with them. One said, "Concerns are listened to and put right."

The provider had arrangements in place to enable people to raise concerns or complaints. People and their relatives told us the provider, registered manager and staff were good at responding to problems and requests. One relative said, "They listen to us." This person added that staff sometimes missed little things, but when they mentioned these, the staff saw to them. For example, this relative said his relative's chair was not working properly at one point, but once the family mentioned it, it was fixed. Another relative said that they once had to suggest that the staff gave her relative a bath and changed her clothes and it was done immediately.

Another relative said that he has only had to make a minor complaint once, but added that you just had to ask for something and it was done. A visitor whose relative had been in the home for over six years said that they had no complaints.

We saw the procedures for managing and responding to compliments and complaints were made available in an easy read format and this was displayed in the main lounge. We looked at the complaints record and saw there had been no recorded complaints in 2014. We discussed this with the registered manager and provider who said most concerns were dealt with informally and use of the formal procedures had not been necessary.

Is the service well-led?

Our findings

The manager had a recognised professional qualification and completed her registration with the Care Quality Commission (CQC) in July 2014. People using the service and their relatives told us they knew who the registered manager was and said they were available to speak with at any time. One visitor told us, “The manager always says ‘hello.’” Nursing and care staff told us they found the registered manager and senior staff supportive. One member of staff told us, “The manager is always available.” A second member of staff said, “The manager and senior staff understand what we do and are always very supportive.”

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between nurses and care staff and people who used the service.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good teamwork where nursing and care staff supported each other to make sure people using the service did not wait for care or attention. One member of staff said, “We all work here for the patients, we work together.” A second member of staff said, “It is a good place to work, the care is very good and all my colleagues want the same as me, for everyone to be well cared for.”

CQC registered the provider, Ruislip Care Home Limited, in July 2014. Prior to this, other members of the providers’ family had run the service as a partnership. As part of the registration of the new limited company, CQC also reregistered the manager of the home. During this inspection we saw the previous provider had a business development plan that the new providers told us they had

adopted, pending the development of a plan for the new company. The business plan included the addition of an extension to the home to provide more bedrooms and reduce the number of shared rooms. The new providers told us they had obtained planning permission and would proceed with the building works.

There was a strong emphasis on continually striving to improve. The provider and registered manager recognised and promoted innovative systems based on recognised accreditation schemes to provide a high quality service. For example, the home was awarded the Gold Standard Framework (GSF) in March 2014. GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life. In preparation for the award, the providers completed a portfolio that covered and reviewed all aspects of care in the home for people receiving end of life care. All staff working in the home completed GSF training to make sure people using the service received the care they needed.

The registered manager and provider carried out a number of checks and audits to monitor the service. We saw monthly audits of medicines, food hygiene practises, moving and handling equipment, pressure care, bed rails and consent forms were completed and recorded. Staff reviewed care plans each month and the registered manager audited a selection of care plans every six months.

The provider also completed and recorded annual checks of infection control procedures, the environment, the kitchen and water safety measures, including a legionella check. We saw the provider had addressed actions identified at the last environmental audit in March 2014. For example, they had purchased new kitchen equipment and continued a programme of refurbishment and redecoration.