Care Quality Commission

Lace Housing Limited

Ruckland Court Care 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?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 25 March 2015 and was unannounced. Ruckland Court Care home provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 50 people who require personal and nursing

care. At the time of our inspection there were 47 people living at the home.

At the time of our inspection there was a registered manager in post. 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.'

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Infection control risks were not consistently managed and people were at risk of cross infection.

Summary of findings

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The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes and where people had special dietary requirements we saw that these were provided for.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. We saw that staff obtained people's consent before providing care to them.

People had access to activities however, at the time of our inspection there were limited activities because the staff responsible for this had left and the home were in the process of recruiting to the role.

Staff told us that they felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. However, the complaints process was only available in written format and therefore not everyone was able to access this.

Audits were carried out on a regular basis and action plans put in place to address any concerns and issues. Accidents and incidents were recorded and reviewed to ensure trends and patterns were identified. The provider had informed us of incidents as part of our notification system.

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?

Requires improvement

The service was not consistently safe.

Staff were aware of arrangements to protect people from abuse. The provider had policies and procedures in place to support staff.

Medicines were stored and administered safely.

Infection control arrangements did not protect people from risk of cross infection.

Is the service effective?

Good

The service was effective.

Staff were supported in their role and received appropriate training.

People's nutritional needs were met and people had access to healthcare services.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff provided care in a kind and sensitive manner.

People were treated with dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Activities and leisure pursuits did not reflect people's personal preferences.

Care records had not been consistently updated.

People and relatives were aware of how to make a complaint and raise concerns.

Is the service well-led?

Good

The service was well led.

A process for quality review was in place.

Accidents and incidents were recorded and monitored. We had been informed of incidents as part of our formal notification system.

Ruckland Court 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 25 March 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 experience of relevant care, for example, dementia care.

Before our inspection we contacted the local authority commissioners for information in order to get their view on the quality of care provided by the service. We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies

During our inspection we observed care and spoke with the registered manager, the deputy manager, and three members of care staff, one ancillary staff member, four relatives and six people who used the service. We also looked at five people's care plans and records of staff training, complaints, audits and medicines.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Relatives we spoke with told us that they felt their family member was safe. A relative told us, "The patient and gentle way a member of staff spoke with people was so nice."

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. Staff said that information about safeguarding concerns was fed back and that they were kept informed of safeguarding issues. The provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

When we arrived at the home a member of staff who was arriving allowed us to enter the building but did not ask who were or ask us to sign in as part of the security procedures, neither did they inform senior staff of our arrival. One other member of staff also passed by us without asking any questions before senior staff were alerted to our arrival. There was a risk that people could enter the building without being observed or noted which could present a security risk to the people living at the service.

Individual risk assessments were completed for people who used the home. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, a person liked to make their own drinks in their room and a risk assessment had been completed to ensure they were supported to do this.

Accidents and incidents were recorded and investigated to prevent reoccurrence. For example, a record of falls was maintained and reviewed regularly by the registered manager. Individual plans were in place for people in the event of an emergency and these were easily accessible for staff and emergency services.

The provider had a recruitment process in place which was managed centrally and included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

People told us that they received their medicines on time. The registered manager told us that in order to ensure that this happened they had two staff administering medicines each time. We saw that medicines were administered and handled safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Hand gel was available throughout the home, hand gel is important for staff to use in order to reduce the risk of cross infection. Staff had received training regarding infection control and we observed staff washing their hands and wearing protective clothing appropriately. However, we observed staff wore nail varnish which is inappropriate when providing personal care due to the risk of cross infection. We observed there were people's personal toiletries left in two communal bathing areas which would be a cross infection risk if they were used for other people. There were also towels left on open shelving which meant people were able to touch these and there was a risk of cross infection. The sluice area required refurbishment, in particular the sluice was rusty and in a poor state of repair. The registered manager said that they did not think staff used the area to clean commode pans. When we spoke with staff they confirmed this. However, the provider did not have guidance in place on how to clean the commode pans in order to avoid the risk of cross infection. Staff were unable to confirm a preferred method of cleaning.

There were a number of areas which required refurbishment. For example, in the lounge areas some of the armchairs were stained and could not be wiped clean easily. One chair was ripped revealing the foam which could not be cleaned to prevent the risk of cross infection. The registered manager told us they had a plan in place for refurbishment of some areas.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, "I feel safe and secure here. The staff seem well trained and competent. "One relative told us, "They all seem very well trained and handled people well."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. One staff member said, "Yes I feel valued and the training is very good. I try and do three monthly supervisions, as I receive the same from my line manager. Training days are paid which is good. Any complaints go to my line manager and are always dealt with efficiently." They said that they had received recent training in areas such as moving and handling, food hygiene and infection control. A training plan was in place and had been updated to reflect what training had taken place and what training was required. The training included sessions relevant to people's individual needs such as dementia care. Staff also had access to nationally recognised qualifications.

We spoke with a member of staff who had recently started employment and they told us that they had received an induction. They said that as part of the induction they spent some time shadowing another staff member and received training and had found this useful.

Staff were also satisfied with the support they received from other staff and the registered manager of the service and told us that they felt supported in their role. They told us that they received regular support and supervision including appraisals.

People who used the service told us that they enjoyed the food at the home. One person we spoke with at lunchtime said, "The food is always nice. "People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately. Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider made appropriate referrals when required for

advice and support for example, to the optician and specialist services such as the Parkinson Nurse Specialist. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. If the location is a care home, the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one subject to a DoLS.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. All the people we spoke with said that they felt well cared for. One person said, “They are all very kind and caring here.” A relative said, “The staff are brilliant with [my relative], courteous and polite, and treat her with great dignity and respect.”

A relative told us about their family member who had a fall about a year ago and were concerned they would not walk again. They told us that they were convinced it was only due to the kind caring staff that their family member was now mobilising.

We saw that staff interacted in a positive manner with people and that they were sensitive to people’s needs. For example, when serving mid-morning drinks they chatted with people about what they were doing and what was happening during the day. One person hadn’t finished their drink and staff observed that it would be cold and offered to make them a fresh drink. When providing support to people staff sat with them at their own level and communicated with them. For example, when giving a person their medicines they said, “Sorry for disturbing you,” and sat with the person until they were ready to take their medicines.

Staff provided support and assistance to people in a sensitive manner. For example, one person was in bed because they were ill. Their care plan reflected that when they were ill this was their preference. We saw the call bell was easily accessible, and a drink was within easy reach. Observation charts had been completed and staff monitored their wellbeing throughout the day.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them. They said, “Are you alright standing up?” and, “Put your feet on here.” Throughout staff checked that they were alright and comfortable during the process.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person’s care record. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. However, on two occasions we observed staff did not speak discreetly to people about their personal care needs.

Rooms had been personalised with people’s belongings to assist people to feel at home. Each room had ensuite facilities and a kitchenette so that people could preserve their privacy. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges.

Requires improvement

Is the service responsive?

Our findings

Relatives were encouraged to visit and support people. We observed staff chatting with relatives and asking them if they were staying to have lunch with their relatives and if they had had a drink.

Throughout the day we saw that staff responded appropriately to people's needs for support. One person told us, "If I need any assistance, I only have to press the bell and the staff are there, usually straight away." We saw that staff asked people if they wanted support and waited for their consent before providing it. When we spoke with staff they were able to tell us about people's individual needs and preferences. They told us about how they responded in order to meet people's needs.

The registered manager told us that they tried to be flexible so that they could provide care and accommodation in an individualised way. For example, they ensured double rooms were available for a husband and wife and if people required more support due to illness. For example, caring for people at the end of their life which would ensure people were able to stay at the home if they so wished. They told us that they had also recently introduced a flexible mealtime arrangement which meant that people did not have to have their meals at set times. We observed in the morning that some people were enjoying a late breakfast for example. People also had access to basic cooking facilities in their rooms and were supported to prepare their own snacks if they wished. However, at lunchtime we observed that most people were not asked by staff what time they wanted their lunch.

The daily menu was on display in the dining area but this was in words only which meant not everyone was able to access this to inform their choices. People usually ordered their meal in advance however if they were unable to do this they were offered a choice at the time of the meal. We observed staff asking people what they wanted for tea that afternoon however, although the registered manager told us that an alternative menu was available they did not offer people this. People were given a choice of two options only.

A relative told us, "The only problem at the moment is there is no activities…… We come on a Monday to play Bingo for them as everyone mucks in…. everyone has a go to help." One person told us, "I miss the activities lady… the previous one taught me to use the computer."

The registered manager told us that they currently didn't have an activities coordinator as they had only recently recruited to the post. However, they said that another member of staff had filled in and provided activity sessions. The home had a day centre attached to it and people were able to attend this as they wished either for a whole day or for specific activities such as crafts. The registered manager told us that currently four people accessed this on a regular basis.

The registered manager told us that the activities staff used to supported people to carry on their preferred activities and they hoped that the new activities coordinator would continue this. For example, one person had been supported to use the computer. People's care records detailed people's past life experiences in order to help inform staff about people's interests. For example, one person liked to attend the Salvation Army. We saw in the minutes of the resident's meeting requests for activity resources such as knitting wool and embroidery silks. We observed people had access to these resources.

The home had limited access to transport and we saw from minutes of residents meetings that this had been a problem in the past which meant that planned trips had had to be cancelled. However, people told us that they had accessed local facilities such as shops and the church.

We looked at care records for five people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. Care plans were reviewed on a monthly basis with people who used the service. However, we saw that there were some inconsistencies in the record. For example, where changes had been made to records to amend the care people received they were not always dated and signed which meant it was unclear what care was relevant. For example, one person was recorded as having a pressure sore but the record did not detail when this had commenced and if it was still current.

Requires improvement

Is the service responsive?

Relatives and people who used the service told us that they were aware of their care plan. Staff told us how they supported people to update their care plans to ensure that they reflected the needs of people.

The complaints procedure was not on display in the home, it was in a 'visitors file' which was in the reception area. This was not easily visible and was only in a written format which meant people may not be aware of the process. However, relatives told us that they would know how to complain if they needed to. We saw that a recent complaint had been resolved satisfactorily. The registered manager kept a log of complaints and reviewed this on a regular basis in order to identify any trends. At the time of our inspection no trends had been identified.

Good

Is the service well-led?

Our findings

Staff said there were good communication arrangements in place which supported them in their role. Staff told us that they would feel comfortable raising issues. They said that they were aware of their roles and who to go to for assistance and support. A deputy manager was in post to support the registered manager however, the deputy worked across two homes and staff said that this was sometime a problem. For example, at weekends they had to split their time across the two homes and staff did not always feel that they had support readily available.

Surveys had recently been carried out with some people who used the service and relatives however these had not yet been analysed. The registered manager told us that they also held residents meetings every six weeks and if any changes were planned they were discussed at this meeting. We looked at minutes of these and saw that issues such as menus, shopping and activities were discussed.

Audits had been carried out on areas such as falls, health and safety and medicines. Audits were carried out by the registered manager and by the provider in order to drive forward improvements to the service. An external infection control audit had been carried out in 2013. The registered manager told us that they included some infection control issues in the health and safety audit but had not carried out a recent specific infection control audit. We observed a number of infection control issues which should have been picked up by an infection control audit.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

The relatives we spoke with told us that they would be happy to raise any concerns they had. A relative said, “The manager is always quick to deal with things.” They said that they would go to the registered manager and were confident that they would sort it out quickly.

We observed that the registered manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. Throughout our inspection we observed the registered manager interacting with staff, relatives and people who lived at the home.

The registered manager told us that they wanted people to feel that they had a say in the running of the home and that they received individualised care. When we spoke with staff they reflected this and told us that “This is people’s home and we must respect that.” They also told us how important it was that people’s rooms were individualised to reflect people’s personalities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.