

Rusthall Lodge Housing Association Limited

Rusthall Lodge Care Home

Inspection report

Nellington Road
Rusthall
Tunbridge Wells
Kent
TN4 8SJ

Date of inspection visit:
30 March 2017

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09 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rusthall Lodge Care Home provides personal and nursing care with accommodation for up to 67 older people. There were 62 people using the service at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Why the service is rated Good

Staff knew how to recognise and respond to the signs of abuse. Risks to individuals' safety and wellbeing were assessed and minimised. We made a recommendation about improving risk assessments and care plans for people with epilepsy and diabetes. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Medicines were managed safely.

There was a sufficient number of staff deployed to meet people's needs. Nursing and care staff received the training and support they needed to meet people's individual needs. Robust recruitment procedures were followed to ensure staff were of suitable character to carry out their role.

Staff knew each person well and understood how to meet their needs. Staff communicated effectively with people and treated them with kindness and respect. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

People had enough to eat and meals were in sufficient quantity. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions. People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff deliver personalised care.

The registered manager and the provider were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits to identify any improvements that needed to be made. Action had been taken as a result of these checks to improve the quality of the service and care. The majority of records were maintained accurately, but we made a recommendation about the completion of repositioning charts.

Further information is in the detailed findings below

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 ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Rusthall Lodge 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 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 was a comprehensive inspection.

The inspection took place on 30 March 2017 and was unannounced. The inspection team included two inspectors, a specialist nurse advisor 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.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Most people who lived at Rusthall Lodge were able to converse with us. We spoke with six people living at the home and five people's relatives. We spoke with the registered manager, two nurses, three members of care staff and an activities coordinator.

We looked at six people's care plans and records. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "Yes I feel safe, I am very happy here. Another person said, "Having people around me to help makes me feel safe." A person's relative told us, "I am sure dad feels perfectly safe here, he knows there are people around if he needs them."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. Robust recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff working in the service to meet people's needs in a safe and effective way. The registered manager told us the service was fully staffed for registered nurses and they were in the process of recruiting four more care staff. Agency staff who worked regularly in the service were used to fill any vacancies. Staff numbers were based on the needs of individuals using the service and were adjusted accordingly, for example there had been an increase in night staff to provide people with higher needs with continuous staff presence. People told us they felt there were enough staff to meet their needs. One person said, "Yes I do believe there is enough staff." A person's relative said, "Yes I think there are enough staff, I come every day and they are always around." We saw that staff responded quickly when people needed support or made requests.

Medicines were stored, administered and managed safely so that people received their medicines at the right time and as prescribed. People were supported to manage their own medicines if they wished. Nursing staff who administered medicines were routinely checked for their competency. Accurate records were maintained to demonstrate that people had been provided with their prescribed medicines. The registered manager ensured that checks of safe medicines practice were routinely made. There was a detailed record of unused medicines that were returned to the pharmacy, but there was not a record of receipt of these by pharmacy. We recommend that the registered provider ask for a receipt of return from the pharmacy. There were clear guidelines in place for staff to follow so that they knew when to administer medicines that were prescribed to be taken 'as required'. One person told us, "I like that I get my medicines on time and they will give me painkillers if I have a headache."

Individual risk assessments were carried out for people who needed help with moving around, who were at risk of falls, of skin damage, and of malnutrition. Risk assessments contained clear instructions for staff to follow to reduce the risks of harm. Staff were aware of these instructions and followed them in practice. One risk assessment for a person who had epileptic seizures required more detail. It did not detail first aid actions for staff to follow in the event of the seizure and at what point a paramedic ambulance should be called. We recommend that this risk assessment is reviewed and amended to include the information. Accidents and incidents were appropriately monitored to identify any areas of concern and steps that could be taken to prevent accidents from reoccurring. Some of the registered nurses were unaware that there were

face and mouth protection masks available for basic life support. We discussed this with the registered manager who ensured all nurses knew the location of these before we finished our inspection.

The premises were safe for people because the premises, the fittings and equipment were regularly checked and serviced. Where necessary prompt repairs were made. There were personal evacuation plans in place for each person, to guide staff and emergency services on their individual needs in the event of an emergency evacuation. All staff received regular training in fire safety and first aid. There were clear records of routine checks on fire safety precautions including servicing and certification. The maintenance person had recently received legionella precautions training from external consultants who provided water analysis and an audit of water safety management. The service was spotlessly clean and the risk of infection spreading in the service was managed effectively. Staff had access to personal protective equipment, such as gloves and aprons and understood how to reduce infection risks.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. One person told us, "They organise any appointments for me, they take me to the opticians in my wheelchair and stay with me." A person's relative told us, "When mum came in here she was quite poorly and underweight and needed nursing care, but now she has been signed off nursing care and has gained weight she's so much better."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff were being supported to achieve the Care Certificate. Staff were up to date with essential training to ensure they could carry out their roles safely and effectively. Nursing staff received regular clinical supervision and were provided with specific training relating to their role. This included training in syringe drivers and venepuncture. The training manager was a dementia champion and was working to improve the delivery of dementia awareness training for all staff. Staff received ongoing support from their line manager through a range of meetings. This included team meetings, 1-1 supervision and group supervision sessions. All staff had an appraisal of their performance scheduled for 2017. The service had joined a federated scheme organised by the local hospice and the registered manager told us they were planning to make use of their specialised training on aspects of end of life care.

Consent to care and treatment was sought in line with the law and guidance. Staff understood the requirements of the Mental Capacity Act 2005. The principles of the legislation were followed to assess people's mental capacity to make specific decisions, for example when bed rails were put in place to keep people safe at night. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The registered manager had considered the least restrictive options for each individual.

People were supported to eat, drink and maintain a balanced diet. People commented positively on the quality of the meals and told us they were able to choose what they ate. One person told us, "We get a good choice of meals. They will come and ask in the mornings, they have a menu which we discuss and decide upon." Another person said, "The other day I didn't like anything on the menu so they made a dish especially for me; it's no problem." Another person told us, "They always make sure I have drinks by my side and the table is pulled over the bed so I can reach." Nursing staff liaised closely with the catering staff, who knew of people's specific dietary requirements and preferences, and current concerns such as weight loss. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served.

People were supported to maintain good health. They were referred appropriately to healthcare professionals such as, specialised clinics, GPs, speech and language therapists, occupational therapists,

dieticians and tissue viability nurses. Some people had diabetes and we found that, whilst their care plan provided information about responding to hypoglycaemia, there was insufficient information about responding to hyperglycaemia. These are two types of medical emergencies in diabetes that require a different response. The plans also lacked information about how the additional health screening needs of people with diabetes were carried out. This is in relation to increased risks relating to vision, foot health and skin integrity. We recommend that the care plans for diabetes management be expanded to include this information.

The premises were spacious and comfortable and had been adapted to meet people's needs. The premises had recently been fully refurbished and equipped with new carpets and furniture. There was an ongoing programme of improvements. The large grounds were well maintained and accessible. Appropriate signage throughout the service helped people find their way easily around the home.

Is the service caring?

Our findings

People and their relatives we spoke with told us that they liked the staff that supported them and described them as kind and caring. One person told us, "They do absolutely everything, I can't fault them they are so kind and caring." Another person said, "They will shut the door whilst I am being showered and they talk to me and tell me what they are doing." People's relatives also commented, "The staff are very good. They wait whilst he gets his words out" and "I come in every day and I only see kindness and caring staff."

Positive caring relationships were developed between people and staff. People were asked about their life history and what was important to them during the assessment process. This information had been documented in the care plans. When we spoke with staff they were able to describe this information and demonstrate that they knew people well. There was a calm atmosphere in the service throughout the day. Staff showed interest in what people were doing. They asked people if they were happy with the music that was on, what people were reading and they ensured people had drinks to hand. We observed staff addressing people respectfully and with kindness. One person appeared a little distressed this was quickly responded to by a care staff who went over and helped them to move closer to the table and checked they could manage.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. Staff were careful not to discuss people's needs or personal information in shared areas of the accommodation to maintain confidentiality.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. We saw that people were enabled to move around the service as independently as possible and they were able to go out when they wished. People were involved in making decisions about their care. Information was provided to people about the services provided to enable them to make an informed decision when agreeing their care.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us, "If I ring the bell they come quickly." Another person said, "I had a fall and they were very good, they kept an eye on me and made regular checks at night and gave me painkillers." People told us their care was delivered in the way they preferred and staff respected their wishes. One person said, "I have a shower in the morning; they know that's what I like." Another person told us, "I like to have my meals in my room and they know that and respect my wishes."

People's care and support was planned in partnership with them. The registered manager carried out an assessment of their needs. People were asked for their views about their needs and how they would like their care to be delivered. People received personalised care that reflected their likes, dislikes and preferences. They had care plans that detailed their preferred routines and things that were important to them. People told us that they were enabled to choose when they got up, how they spent their time and what they ate and drank. We saw staff providing care in the way that people's care plans said they preferred.

People had access to a comprehensive programme of daily activities that was suitable for older people. Staff responded to people's wishes in relation to how they spent their time. We saw that one person decided to go into garden so the activity worker made sure they had their walking aid and fetched a care staff to assist them. People were engaged in a range of activities during the day both individually and in small groups. One person was doing a jigsaw quietly on their own and another person was looking at a 'through the ages' history book. There was laughter from a group of people who were chatting together. The registered manager took time to chat with people throughout the day. People told us they regularly did quizzes, painting and an exercise class. There were raised flower beds in the garden and staff told us people were supported to do if they wished to. A person's relative told us "They do go out as well as the things they do in the home. They took him to Tunbridge Wells and he went to see a panto which he really enjoyed."

People's views were sought and listened to by the registered manager. People were invited to participate in monthly 'resident meetings' where they could make suggestions about any aspect of the service. People and their relatives knew about the service's complaint policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.

Is the service well-led?

Our findings

People told us they were very happy with the service they received and they were confident in the leadership provided by the registered manager. One person said, "I know the manager, she came to visit me when I was in hospital." Another person told us, "I would feel perfectly ok to raise any issues with the manager." Another person said, "I can always chat to [the registered manager] she is very approachable."

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. The registered manager was visible in the service and accessible to people who received care. People knew who the registered manager was and told us they felt able to approach her with any concerns or requests. The registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff were provided with policies and procedures for the operation of the service. Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Staff understood their rights in relation to blowing the whistle on poor practice. They told us they felt confident to do so and felt they would be supported.

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted upon. The service ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly or quarterly audits was carried out by the registered manager and the registered provider. This included audits of medicines, care plans, accidents and incidents, responses to call bells, infection rates, checking pressure relief equipment, nutrition and safety of the premises.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service.

Accurate records were generally maintained to ensure the registered manager could monitor that people's needs were being met. However, we found that some charts, showing when people were repositioned to relieve pressure, had not been consistently completed. We recommend that registered manager review and make improvements for the completion of these records.