Rathgar Care Home Ltd

Rathgar Care Home

Inspection report

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Northamptonshire
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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

This inspection took place on the 1 May 2018 and was unannounced.

Rathgar Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 23 older people in an extended and adapted detached house in a residential area. The accommodation is spread over two floors accessed by a lift and stairs. At the time of our inspection there were 20 people staying there.

The service had a registered manager. 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.

People received care from staff that knew them and were kind, compassionate and respectful. Staff spent time with people and understood their individual needs.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were sufficient staff to meet the needs of people; staffing levels were kept under review. Staff were supported through regular supervisions and undertook training, which helped them to understand the needs of the people they were supporting.

There were appropriate recruitment processes in place to protect people from being cared for by unsuitable staff and people were safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and /or their day-to-day routines.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in

with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager and provider were approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to look at ways to improve the experience for people.

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 was safe.

There were risk assessments in place to mitigate any identified risks to people.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

Is the service effective?

Good

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good

The service was caring

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture which focussed on providing person-centred care.

There were effective systems in place to monitor the quality of care and actions were taken whenever shortfalls were identified.

People, relatives and staff were encouraged to give their feedback and be involved in the development of the home.

Rathgar 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.

The inspection took place on 1 May 2018 and was unannounced. It was the first comprehensive inspection following a change in legal entity in May 2017.

The inspection was undertaken by one inspector, an assistant 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. In this instance, the expert by experience had experience of caring for a relative living with dementia.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection, we spoke with four people who lived in the home and nine members of staff; this included four care staff, an activities co-ordinator, a cook, the maintenance person, the deputy manager and the registered manager and provider. We were also able to speak to three relatives who were visiting at the time and a health professional.

We observed care and support in communal areas including lunch being served. A number of people who

used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given.

We looked at the care records of three people and five staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People looked relaxed and comfortable in the presence of the staff. A relative said, "I know [relative] is safe here, I'm going away on holiday next week and I have no concerns about leaving her at all". Another relative said, "I never have had cause for complaint, I know [Relative] is safe here."

We were aware that prior to the inspection that concerns had been raised about there not being sufficient trained staff to meet people's needs and that people had been left for periods of time in wet clothing. The local authority had asked the provider to investigate the concerns. We saw that none of the concerns had been substantiated.

From our observations and conversations with staff and the registered manager, we were satisfied that people's needs were being met in a timely way and that staffing levels were kept under review to ensure they met people's changing needs. The registered manager explained that they used staff from an agency to cover any absences but had ensured that they deployed the same staff from the agency. An agency staff member confirmed with us that they had regularly worked at the home. On the day of the inspection, there were sufficient staff and people were attended to in a timely way.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. The information recorded for each person was kept up to date and was regularly collated which helped the registered manager to monitor people's general health and well-being and keep them safe.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. The registered manager had contacted the local safeguarding team when any concerns had been raised. Where the local authority had requested investigations to be undertaken these had been done so in a timely matter. Any lessons learnt had been recorded and shared with staff.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. One member of staff knelt down next to a person and said, "Hello [Name of person] just

one little one [tablet]; are ready, do you want more water?" Relatives confirmed that their loved ones received the medicines they required. Medicine records provided staff with information about a person's medicines and how they preferred to take them. There was also information about medicines people could take as and when required which included when and how they should be used. People's medicine was stored securely in a locked cabinet within a locked room.

Staff competencies to administer medicines were tested on a regular basis and audits of the medicines undertaken. If any issues were identified, they were dealt with in a timely way to ensure medicine errors did not happen, and if they did, they could be rectified. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were stored safely and regularly maintained. Hoist slings were clean, odour free and the correct size and type of sling was outlined in individual care plans.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

We saw that one person who had an increase in falls had an action for staff to try slipper socks instead of slippers as they kept taking their slippers off and then saying they were slipping as they walked. We followed this up and saw the person wearing their slippers. The registered manager explained that they had tried slipper socks and the person had kept taking them off too. The staff were to remain vigilant and ensure the person had appropriate footwear on at all times when walking.

The home was clean and free from any unpleasant odours. The staff wore protective clothing when required and there was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and all staff received regular training in relation to infection control.

Good

Is the service effective?

Our findings

People's needs were assessed before they came to live at Rathgar to ensure that all their individual needs could be met and any adaptations and equipment were in place. People and their families were encouraged to visit the home if possible before making the decision as to whether to live there.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. Specialist training had been undertaken, for example, staff had received training in dementia and around behaviours, which are challenging. People were confident that the staff had all been trained and we saw that staff demonstrated a good knowledge and practice when they used equipment to assist people to move from a chair to a wheelchair.

All new staff undertook an induction programme and worked alongside more experienced staff before they were allowed to work independently. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. One staff member said, "The training has been good, we have all done end of life training which came from a local hospice and we are encourage to get qualifications; it has been suggested to me that I undertake a National Vocational Qualification level 4."

Staff training records were kept and we could see that training such as manual handling, safeguarding and health and safety was regularly refreshed. A staff training matrix clearly identified when refresher training was required. This ensured that all staff remained up to date with their training.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the registered manager at any time for guidance and advice.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas and in their bedrooms.

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 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and a record kept of when authorisations had been made and when they were due for renewal. Best interest decisions were recorded in care plans where people were unable to consent to medication. Choices and preferences were clear in people's care plans including where people had varied capacity.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a dietitian and Speech and Language Therapist had been made when required and advice followed. We spoke with a health professional who visited the home, they told us that the staff were very helpful and good at communicating their concerns and really cared for the people living in the home.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. There were snacks and drinks available throughout the day. People and their relatives told us the food was good and there was always a choice. One person said, "The food is quite nice, they come around and ask you what you fancy."

We spent time observing people over lunchtime. No one was rushed and there was plenty of support for those people who needed it. The food was cooked from fresh and there was a quiet relaxed atmosphere.

We saw from records that a GP visited as and when necessary and that people had regular access to a chiropodist and optician. District Nurses visited regularly and people's health needs were closely monitored.

Rathgar was not purpose built but adaptations had been made to ensure people could access various areas of the home and we saw signage to help people identify which room was theirs and where the bathrooms and toilets were. There was accessible outdoor space for people to use in good weather. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home.

Good

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "The staff are all very kind and helpful, I would recommend this place to anyone." A relative said, "The staff are really good, [Relative] has been a different person since coming here, I have no regrets in placing them here." Another relative told us, "The staff are all lovely and approachable; my [Relative] has never been as content in their own life, they are well cared for."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and were able to explain people's likes and dislikes to us. We observed positive interaction between people and staff. For example, one person was quite unsettled and walked around a lot, the staff would stop and hold their hand and talk to them softly to see whether they needed anything. When we asked about the person not eating their dinner at lunchtime the staff told us they would eat at some point and they would know from the person's actions when they were ready to.

Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's preferences were recorded such as whether they liked their bedroom door open or closed and whether they had a preference of a female or male carer.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background.

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. We saw staff kneeling at the side of people to ask them discreetly if they required any assistance. People were offered a serviette or clothes protector at lunchtime. A relative commented, "[Relative] is treated as a member of the family."

People who were unable to communicate with us looked relaxed around staff. Staff were attentive and sat or knelt by people touching their hand when trying to communicate with them and explaining the care they were being given. Staff spoke softly to people and were mindful to protect people's privacy.

People were valued and encouraged to express their views and to make choices. One person said, "I think it is quite nice living here, the staff are good they ask you what you want and what you fancy to eat." We saw that people were asked whether they wanted a drink and biscuit and staff assisted people if they chose to sit in a different area of the home. We read a comment in the minutes of a residents' meeting in response to a question as to whether the staff gave people choices, one person commented 'Yes, I choose what I want.'

If people were unable to make decisions for themselves and had no relatives to support them, the registered manager had ensured that an advocate would be sought to support them. An advocate is an independent

person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Throughout the day of the inspection we observed family and friends welcomed as they visited their loved ones. Relatives and friends could visit at any time and stay for as long as they wished.

Good

Is the service responsive?

Our findings

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People and their relatives told us that they had been involved in developing the care plan. One relative said, "I was involved with the care plan for [relative] and we reviewed it only last week. [Name of manager and provider] are very good and keep you informed."

There was information about people's life history, spiritual needs, hobbies and interests that ensured staff had an understanding of what was most important to them. This enabled staff to interact with people in a meaningful way.

The care plans were reviewed monthly or more often if things changed. There was a new electronic care record system in place, which enabled all the staff to keep records accurate and up to date. This meant that staff kept up to date with people's care needs. The system ensured that people's health was closely monitored. For example, a record was kept on the amount of fluids and foods people consumed which minimised the risk of people becoming malnourished. We saw that when there had been concerns about anyone not eating or drinking enough advice had been sought from a dietitian.

Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. For example, one person was very anxious and fretful, we read in their care plan that staff needed to keep reassuring the person; we observed staff spend time with the person and demonstrated their understanding of the person by the way they approached them and interacted with them..

The home continued to care for people at the end of their lives. People were asked as they came to live at the home what their wishes were in relation to end of life care. If people were happy to discuss this, a care plan was in place and any advanced decisions recorded. Staff received training in end of life care and the registered manager was a member of a group of professionals which shared ideas and experiences of delivering end of life care. This ensured staff were kept up to date with initiatives to ensure people had a dignified and pain free death.

At the time of the inspection there were two people receiving end of life care. We spoke to one person's relative who said, "[Name of deputy manager] phoned me yesterday to tell me the GP had come out; they have made sure [relative] has always had the medicines they need." We read a comment made by a professional in an end of life service the home liaised with, 'I know from visits to Rathgar that your residents' wishes are at the heart of your care and that your staff have the skills and confidence to support both residents and families when a person is nearing end of life.'

People were encouraged to take part in activities both as part of a group or individually. There was an activities coordinator who ensured that there was a range of activities people could take part in throughout the week if they wished. On the day of the inspection, we observed individuals playing board games and having nail pampering sessions. Due to a new lift being fitted, some people remained upstairs and we did

not see them engage in any activity; we spoke to the registered manager about this and they assured us they would address this.

People were taken out to local garden centres and cafes and some people had recently attended a local cinema, which screened dementia friendly films. One relative said, "The activities are good, they also take them out to the local cinema and over to the Pub sometimes, as well as Morrison's." We saw pictures of people taking part in a dance class and doing Tai Chi.

People's spiritual needs were met. Two local faith minister visited regularly and people were supported to practice their religious beliefs.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .There was information available electronically which could be adapted to meet individual communication needs and whenever possible the provider sourced easy read versions of information for people to help them understand.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives told us that they would not hesitate to speak to either the registered manager or the provider if they had any concerns. One relative said, "I would go to [Name of registered manager] if I had an issue."

We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Any lessons learnt from complaints were shared with staff and appropriate action taken; for example, an additional general use wheelchair was purchased to ensure that families had access to a wheelchair to assist them in taking their loved on out.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was visible and approachable. The provider regularly spent time at the home and took the time to speak both to the people living in the home and the staff. We saw that people were comfortable and relaxed with the managers and all the staff.

The staff demonstrated their knowledge of all aspects of the service and the people using the service. There was a clear emphasis on treating people as individuals and supporting then with care that was tailored to their individual needs.

We received positive comments from people and staff about the home and how it was managed and led. One relative said, "[Registered manager] is very kind; she will always keep you informed." A member of staff said, "[Registered manager] is very welcoming, I would not hesitate to ask her about anything, she is open to ideas on how to support people."

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to give feedback about the service and listening to staff.

People living at the home had regular meetings to discuss the service provided and look at ways to improve the service. We read one comment in response to the question how satisfied are you with the cleanliness of the home, one person responded, 'It's lovely and clean.' A relative told us
they were involved in meetings and had just recently completed a questionnaire about the home.

Relatives were invited to quarterly meetings and to complete a questionnaire about the home every six months. Some of the comments received included 'The staff are very kind and the care is excellent.' '[Name of registered manager] is always accessible and approachable whether it is an informal chat, a hello, or if we have needed to speak to her.'

Staff said they were well supported, listened to and encouraged to develop their skills and knowledge. There were regular staff meetings which ensured staff had the opportunity to share experiences and suggest ideas. One member of staff said, "We work well as a team and share our ideas. [Name of provider] is very good at listening to us and has done a lot to the home since he took over." The provider valued the staff and had increased staff wages as a reward for their service. The registered manager said this would help in the recruitment of new staff and the retention of current staff.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to

date.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up to date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were well maintained. Records were securely stored to ensure confidentiality of information.

Quality assurance audits were completed by the registered manager. The provider followed up on any actions that had been identified through audits and ensured that the systems in place to monitor the home were effective. However, we did identify that the Fire risk assessment was overdue. Once we drew this to the attention of the provider they took immediate action and organised for a risk assessment to be undertaken. Since our inspection, the provider has also replaced the locking system on external fire doors to make sure doors are secured but easily opened in an emergency and ensured all bedroom doors are fitted with acoustic door closures, so that when the fire alarm sounds the doors automatically close.

The audits and visits helped to ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls, actions had been carried out to address and resolve them; for example, it was identified that the fly screen in the kitchen needed repairing, we saw that this had been done. The provider had also made the decision to replace the lift following it being serviced and repaired; a new lift was being installed on the day of the inspection.

We saw that people were encouraged to be part of their local community visiting local garden centres, cafes and pub. The registered manager worked with the local authority, district nurses and palliative care teams and was receptive to any advice and support offered to enhance the life experiences of people. The home had recently achieved the Gold Standards Framework I End of Life Care – Foundation level. This is a nationally recognised comprehensive programme of training and assessment and includes on-going assessments.

To ensure that staff were kept up to date with changes in practice, legislation and new innovative ways to deliver care the registered manager and provider attended various conferences and researched information on the internet. The home received emails and newsletter updates from various websites, which included Dementia Friends, Care Quality Commission, Alzheimer's Society and the Department of Health. In preparation for the General Data Protection Regulation, which comes into force in May 2018, the provider had already ensured their new electronic care monitoring system was compliant with the new regulation.

The provider strived to continuously improve the service. There were plans in place to refurbish the home, which would improve the environment of the home and enhance the well-being of the people living in the home.