

Mrs Mary Jarvis

Rathmore Care Home

Inspection report

3 St Annes Road East
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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?

Requires Improvement 

Overall summary

This inspection took place on 05 December 2014 and was unannounced, which meant the provider and staff did not know we would be visiting to inspect the service.

Rathmore Care Home is a small residential home situated close to local amenities in the town of St Annes. The home is registered to provide accommodation for up to 8 people who require help with personal care.

The home is operated and run by an experienced 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 experienced a good level of care in a safe environment. Staff had been suitably trained to recognise and report abuse and bad practice, in order to try to ensure people did not come to harm. The provider had

Summary of findings

implemented safe systems for the management of medicines. Only suitable staff were recruited to work at the home, following a series of recruitment checks including a check with the Disclosure and Barring Service.

People's needs were met by a team staff who were sufficiently skilled and knowledgeable to carry out their role. People's healthcare needs were monitored and appropriate action was taken, where required, to seek professional guidance or to make referrals to healthcare professionals. People were supported to eat and drink enough to meet their nutrition and hydration needs. The registered manager had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and how this applied to the service. No applications had been made for any of the people who used the service and we found no restrictive practices during our inspection that may constitute a deprivation of liberty.

People were cared for by a kind and considerate staff team who put them at the centre of their care. Staff took time to get to know people well, so that their likes and dislikes could shape the care they received. Staff treated people with dignity and respect.

People were able to choose, amongst other things, how they spent their time and what staff did and did not do to support them. People were able to personalise their rooms and were able to bring furniture and other personal items into the home with them.

People and their relatives confirmed that they were often asked for their views on the care that was provided. They also confirmed they had confidence in the manager and the staff team and were able to make comments and suggestions. Nobody we spoke with on the day of the inspection had any concerns about the service delivered to them.

Records were not kept of any formal audits that were carried out to monitor the quality of the service provided. We have made a recommendation regarding the recording of audits.

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.

Staff had received training which helped them to safeguard people from abuse or bad practice. The necessary checks had been carried out before any staff were recruited.

A sufficient number of suitably qualified staff are on duty at all times.

The service had safe systems in place to ensure that people's medicines were managed appropriately and safely.

Good



Is the service effective?

The service was effective.

Staff had received a comprehensive induction and further training to ensure they had the necessary skills and knowledge to support the people in their care.

People's healthcare needs were monitored and appropriate referrals were made to healthcare professionals.

People were provided with nutrition and hydration to meet their needs.

A best interest process was in place for people who lacked capacity to make decisions relating to their care. The registered manager knew how to make an application for consideration to deprive a person of their liberty under the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were cared for by a kind and considerate staff team.

People were supported to express their views and be actively involved in making decisions about their care and support.

Staff treated people with dignity and respect in all aspects of the care that was delivered to people using the service.

Good



Is the service responsive?

The service was responsive.

The provider took time to get to know people and their preferences, so that care and support was shaped around their individual needs and wishes.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in.

Good



Summary of findings

A suitable complaints policy had been implemented by the provider and was made available to people who used the service and their relatives.

Is the service well-led?

The service was well-led.

The registered manager took a hands-on approach to the running of the home and was available around the clock to offer support and guidance. However, no records were kept of formal audits that were undertaken to monitor the quality of the service provided.

People and their relatives confirmed that they were often asked for their opinions about the care and support provided.

Staff received an annual appraisal and supervision every few months as well as having a close working relationship with the registered manager.

Requires Improvement



Rathmore 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 05 December 2014 and was unannounced, which meant the provider and staff did not know we would be visiting to inspect the service.

This inspection was carried out by one Adult Social Care inspector over the course of one day.

The last inspection was carried out on 22 October 2013. The inspection did not raise any concerns and found the home was meeting the requirements of all the Regulations we inspected.

Before the inspection we reviewed the information we held on the service. This included notifications we had received

from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. This helped inform what areas we would focus on as part of our inspection.

Before the inspection, the provider completed 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 spoke with a range of people about the service. They included the registered manager, two staff members, three people who lived at the home and three visiting family members. We also spoke with the commissioning department of the local authority. This gave us a balanced overview of the experience of people who lived at the service.

During the inspection we also spent time looking at records, which included three people's care records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

People who lived at the home told us they had no concerns about their safety or the way in which they were treated. Comments we received included; “Yes, I feel safe. You’re never on your own and the staff are friendly”; “It’s very homely here, there’s always someone around. We are like one big family”.

We spoke with visiting relatives who gave us consistently positive feedback about the service. One relative said: “We’ve not got a bad word to say... It’s homely, always clean and tidy, and safe, perfect for Mum.” We were told by another relative: “We’re confident Mum is safe and well looked after.”

Safeguarding policies and procedures had been implemented by the provider and staff had easy access to contact details for reporting any concerns. Staff training records showed that staff had undertaken training in safeguarding vulnerable adults. Staff we spoke with were able to confidently describe what forms abuse may take and what steps they would take if they witnessed or suspected abuse. Staff told us they would not hesitate to report any concerns with regard to bad practice or the safety of the people they cared for.

Staff at the home completed individual risk assessments for each person who use the service. Information about how to manage these risks and keep people safe was provided to staff, to help to ensure people who lived at the home were protected. We looked at people’s written plans of care which gave staff information on how best to support people, taking into account the risks that had been identified, for example concerning falls.

We looked at how the service was staffed, to ensure there were always enough suitably qualified staff on duty to provide the care and support people required. People we spoke with told us there were always enough staff on duty and that they did not have to wait for assistance. One person told us: “If I want anything, I just have to ask. There’s always someone around. The staff take time to sit and chat with me”; whilst another said: “The staff are friendly and if you want them, they’re there”. Relatives we spoke with confirmed there were always enough staff on duty and they had never had any concerns with regard to staffing.

Staff we spoke with explained that because it was a small home with few people and low staff turnover, they knew they could rely on everyone to turn up for their shifts. They also confirmed they had the time to spend with people to get to know them well and ensure their care and support needs were met.

We discussed recruitment with the Registered Manager and staff. We also looked at two personnel files for staff. We were able to confirm that safe recruitment practices had been followed when new staff had been employed, including checks with previous employers and the Disclosure and Barring Service (DBS). These checks helped to ensure that only suitable staff were employed to work at the home.

We looked at how the service managed people’s medicines so that they received them safely. We discussed medicines with the registered manager, people who lived at the home and their relatives. We were told that people were happy for staff to administer their medicines and that this had been discussed when they first moved into the home. People we spoke with told us they received their medication regularly and knew what it was for. There were no controlled drugs on the premises. Controlled drugs are medicines which are subject to special legislative controls because there is a potential for them to be abused or diverted, causing possible harm. Each of the staff that worked at the home had been trained to administer medicines and were regularly re-assessed to ensure they remained competent. The provider had safe systems in place for the ordering, receipt and disposal of medicines. The Registered Manager told us that they were able to take responsibility for this as the service supported only a small number of people.

We looked at three people’s medicines administration records (MARs) which showed people had received their medicines as prescribed. We witnessed a medicines round during our inspection and found a safe procedure was followed. The MARs detailed when people needed to be given medicines at specific times of the day and also gave comprehensive guidance for staff about what each medicine was and what it was for.

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 we spoke with told us: “The staff are excellent. They take a very personalised approach.” Another person commented: “The staff are great. They certainly seem to know what they are doing.” Relatives we spoke with also gave positive feedback regarding the staff team.

Staff told us they were happy with the training they had received whilst working at Rathmore Care Home and that they could request additional training if they felt they needed it. Staff also told us they felt well supported by other members of the team and the manager. One staff member commented; “I really like working here. It’s a small home so we get to know everyone well. The management are very supportive.”

Staff had been provided with induction training so they knew what was expected of them and so they had the necessary skills to carry out their role. All staff completed and passed an equivalent of the Skills for Care Common Induction Standards within the first 12 weeks of commencing their employment. We spoke with two members of staff who told us they had received a variety of training which included safeguarding adults, moving and handling, and person centred care. All staff had a recognised qualification in care and some had completed additional training to meet the needs of people who use the service, such as end of life care and caring for a person who is living with dementia.

We looked at three people’s written records of care which showed when there had been a need referrals had been made to appropriate health professionals. We saw that where a person had not been well, the GP was called. We were also able to see that people regularly saw other health professionals such as dentists and opticians.

We saw that people had an initial nutritional assessment completed on admission to the home and people’s dietary needs and preferences were recorded, along with any known allergies. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people’s dietary requirements and how to support them to stay healthy. Throughout the day, we saw

that people were provided with drinks and snacks, which helped to ensure they received adequate nutrition and hydration. People told us they could have a drink at any time and that staff made them a drink if they asked for one.

We observed the lunch time meal and found there to be a relaxed and homely atmosphere where people were chatting happily with each other as they ate. The tables were set with linen tablecloths and condiments were provided. We saw people were able to eat at their own pace and were not hurried. People we spoke with told us they enjoyed the food and the conversation. Comments included; “The food is good, I’m really fussy. I’m diabetic so they make sure the food is right for me”; “The food is good. They took time to get to know what I want to eat”.

Whilst touring the premises, we saw that people’s rooms were personalised. People were able to bring their own furniture into the home if they wished, along with any other personal items. One person told us they had just had a new carpet fitted in their room and that they had been asked by the provider to choose the carpet they wanted. The registered manager told us that people were consulted with regard to the decoration of their rooms.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager knew how to make an application for consideration to deprive a person of their liberty under the Deprivation of Liberty Safeguards (DoLS). There were no people who used the service who were deprived of their liberty and no restrictive practices were in use. Discussions took place with the manager regarding how the recent judgement by the Supreme Court, could impact on the provider’s responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people who used the service, should people’s mental capacity change in the future.

Is the service effective?

We saw that people were asked for their consent to care and treatment by way of signing their written plans of care. Staff confirmed they always sought people's consent before assisting them with tasks or personal care and we witnessed this during the inspection. We discussed what steps the service would take if people lacked capacity to give their consent. The registered manager explained they would carry out a capacity assessment for specific decisions, in line with the Mental Capacity Act 2005 Code of

Practice. Where decisions had to be made on people's behalf, the registered manager told us they would involve people's families, GP and other healthcare professionals as required, to ensure decisions were made in people's best interest.

People we spoke with told us they were free to come and go when they pleased and that they could choose how they spent their time, without any restrictions.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and respect. They spoke positively about the care and support they received. One person told us: “Most of the staff have been here a long time and we have built up a good relationship. They are always very kind and attentive.” Another person told us: “The staff are fantastic! I can’t praise them enough.”

Relatives we spoke with were complimentary about the approach of the staff team. Comments included; “I’m so glad Mum moved here, the staff treat her really well”; “The staff are very patient and they’re kind”, and “It’s a great place. The staff are lovely”. Relatives confirmed they were able to visit any time and were able to take their loved ones out of the home whenever they wished.

Staff told us that because the service supported only a small number of people, they were able to spend time to really get to know people, their life histories and preferences. We witnessed caring and respectful

interactions throughout the course of the day. People who lived at the home appeared to enjoy the relaxed atmosphere that the home offered. Staff responded promptly to any requests for assistance.

People were supported to express their views and be actively involved in making decisions about their care and support. Care plans were person centred and reflected people’s wishes. People told us the registered manager and staff were always receptive to comments and suggestions. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them.

People who used the service had varying levels of independence and staff respected this. People told us that when staff supported them with personal care that they did so in a respectful and dignified manner.

Records confirmed staff had received training in person-centred care, which they told us helped them to deliver personalised care for each person who used the service. Staff did not discuss sensitive personal information with people whilst in earshot of others. We saw that records were kept securely and were only accessed by staff who required them.

Is the service responsive?

Our findings

We spoke with people and their relatives about their involvement in the planning and review of their care and support. We were told that people and their relatives were asked for information before anyone moved into the home. This helped to ensure the service could meet the needs of people they cared for. The information included a life history which helped to give staff a picture of each person they cared for.

Written plans of care were drawn up with the person concerned and, where people wished, their relatives. Plans of care contained information about people's needs, how they wished to be supported, including whether they preferred a male or female carer and their likes and dislikes. People we spoke with and their relatives confirmed that they were involved in regular reviews of the care provided by the service.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in. People told us that staff took time to get to know them so that they could provide activities which they enjoyed. One person commented: "I choose what I want them to help me with. I can go out

anytime I want, or sit in the lounge or my room. We have things to do all the time." Another person told us how they like to bet on horses and were helped to do this by the staff going to the bookmakers for him.

Staff explained that they treated each person as an individual and respected their wishes. The registered manager told us how they worked with people and their relatives to try to ensure the care and support they provided was shaped by the person's individual needs and wishes.

None of the people or relatives we spoke with had any concerns or complaints about the service. One relative gave an example of when they had raised an issue previously about their loved one not receiving a bath often enough. They explained that they spoke with the registered manager and saw an immediate improvement. All of the people and relatives we spoke with told us they had confidence in the registered manager and the staff team and that they felt able to approach them with any concerns or suggestions.

The service had not received any complaints in the last 12 months prior to our inspection. A suitable complaints policy had been implemented by the provider and was made available to people who used the service and their relatives. We saw numerous greetings cards and letters which the service had received over the previous 12 months, which were very complimentary about the service.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They had been in post since 2011 and in our discussions with them it was clear that they were familiar with the people who used the service and staff. Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us they could go to the registered manager with any concerns or suggestions and that she would always be willing to listen. They told us they were very happy working at the service and felt motivated. One member of staff told us; “The manager is very good. It’s seldom we’re unhappy with something, but if we are she will always listen and support us.”

People we spoke with and their relatives were complimentary about the manager. Comments included: “[Manager] is excellent, she’s very kind and I can always speak with her if I need to”; “[Manager] is great, very friendly”. Relatives told us; “We visit four or five times per week and we’ve always found [Manager] is welcoming and friendly. She makes sure Mum is well looked after”; “[Manager] has been great!”

People we spoke with and their relatives told us that the registered manager and the staff team would regularly ask about their satisfaction with the care that was delivered and whether there was anything they could do to improve the service. People were confident that their comments and suggestions were listened to and that any concerns they raised would be dealt with appropriately. Nobody we spoke with on the day of our inspection had any concerns about the service.

The registered manager, who also owned the home, lived in the same building as the service was run from. She explained, and staff confirmed this meant she was available at virtually any time of day or night, to offer support and guidance. The Registered Manager worked at

the service five or six days per week on average, which enabled them to keep a good oversight of all aspects of care and the environment. People who used the service and staff we spoke with confirmed the manager took a hands-on approach and seemed to take pride in delivering a high quality service.

The registered manager explained that as the home only supported a small number of people and she worked there the majority of the week, she did not undertake formal audits, for instance of the environment or care plans. Instead she explained that she was able to monitor these areas during the course of her work. People we spoke with, and their relatives, all confirmed they had no issues with the service provided by the home. However, the absence of formal recorded audits meant we were unable to inspect exactly what checks were carried out to monitor the quality of the service provided.

Records showed that the provider regularly carried out health and safety checks, such as fire drills and fire safety checks, electrical checks and checks on the stair lift.

Staff confirmed they received an appraisal each year, where their performance and training needs/desires were discussed. Staff told us they found the meetings useful, but that they also had on-going informal discussions with the manager as a matter of course each week. Staff explained that they could request supervision sessions with the manager and usually had a supervision session every few months. Staff and the Registered Manager felt this was sufficient due to the close working relationship they had built up and their ability to have informal discussion on a regular basis.

We recommend that the service seek advice and guidance about the recording of checks they make to monitor the quality of the service provided.