

Ruislip Care Home Limited

Ruislip Nursing Home

Inspection report

173 West End Road
Ruislip
Middlesex
HA4 6LB

Date of inspection visit:
22 June 2017
26 June 2017

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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

Ruislip Nursing Home is a care home providing accommodation, personal and nursing care for up to 24 older people, including people living with the experience of dementia and people receiving care at the end of their life. At the time of our inspection, 23 people were using the service.

At the last inspection, the service was rated 'Good' for Safe, Caring, Responsive and Well Led and 'Outstanding' for Effective. It was therefore rated 'Good' overall.

At this inspection we found the service remained Good overall.

People continued to receive care in ways which helped them to remain safe. Staff understood the risks to people's safety and people were protected from the risk of harm. There was enough staff to provide support to people to meet their needs, the provider carried out checks on new staff before they started work and people received their prescribed medicines safely.

The care people received continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training that enabled them to meet the needs of people who used the service. People made their own day to day decisions about their care. Staff checked people agreed to the care offered before assisting them. Staff supported people to stay well and access health care services. Healthcare professionals told us the service provided very good standards of end of life care and pressure ulcer prevention.

Staff had built caring relationships with people using the service and encouraged them to make their own choices and maintain their independence. Staff treated people with warmth, respect and dignity.

The provider listened to the views and suggestions of people using the service and their relatives. People's care plans reflected their preferences and unique histories and there were opportunities for people to do fun and interesting things. The provider had systems in place to manage and respond to any complaints they received.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the home further. The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service and action taken to drive through improvements for the benefit of people living at the home.

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 is 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.

Ruislip Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 22 and 26 June 2017. The visit on 22 June was unannounced and we told the provider we would return on 26 June to complete the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications the provider sent us regarding significant incidents and events that affected people using the service. We also received comments from the local authority's commissioning and safeguarding adults teams and three of the 10 health and social care professionals we contacted for their views on the service.

During the inspection we spoke with 10 people using the service, four people's relatives and visitors, two of the directors of the company providing the service, registered manager, deputy manager and seven members of staff working in the service, including nurses, care staff and ancillary staff. A number of people using the service were living with dementia or receiving end of life care and we were not able to speak with them so we spent time observing how staff cared for and supported them during both days of the inspection. We also used the Short Observational Framework for Inspection (SOFI) to observe the experience of people at lunchtime on the first day of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We saw all communal parts of the service and some people's bedrooms, with their permission. We looked at four people's care plans, four staff recruitment records, medicines records for six people and other records, audits and checks related to the management of the service.

Is the service safe?

Our findings

People using the service, their relatives and visitors and health and social care professionals told us people were cared for and supported safely. People told us, "Yes thank you, I am very safe here," "It's a safe place, they look after us well" and "I'm sure I'm safe, the [staff] are very good." People's relatives and visitors told us, "I'm sure my [family member] is safe here, they are very good" and "We have absolutely no concerns about our [family member's] safety. [Family member] couldn't stay at home and we are very happy [they are] living here now." Health and social care professionals commented, "It is a very safe service. I have no concerns about people living there" and "People are cared for very safely, it is an excellent service."

The provider had systems in place to safeguard people using the service, staff understood and followed these consistently. When we asked staff what they would do if they felt a person living in the service was being abused, they told us, "I would report to my manager straight away, any abuse is unacceptable," "I would make sure the person was safe and report to the manager, the council and CQC" and "We are told to report any concerns to the manager and if they did not do anything I would tell CQC."

The provider carried out appropriate checks before employing staff to work with people using the service. Each of the staff recruitment records we checked included proof of the person's identity and right to work in the UK, an application form, two references and a Disclosure and Barring Service (DBS) criminal records check. Staff confirmed the provider had carried out these checks before they started to work in the service.

There were enough staff on duty to meet people's care and support needs. During both days of the inspection we saw there were enough nurses, health care assistants and ancillary staff to support people. People did not have to wait for care or support and where they required assistance from more than one member of staff, this was provided.

The provider assessed possible risks to people using the service and took action to mitigate any risks they identified. Each person's care plan included an assessment of the risk of falls, pressure sores, moving and handling and medicines management and staff reviewed these each month. As a result of the risk assessments the provider had referred people to their GP or other healthcare professionals for advice and support. For example, the provider had worked closely with the local tissue viability nurse service to manage pressure care in the service.

People received the medicines they needed safely and as prescribed. We saw nurses giving people their medicines and they did this safely. They took time to administer medicines to people in a caring manner, without rushing. People's medicines were stored securely and the provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. The registered manager or deputy manager carried out an audit of medicines each month. This included selecting five people and checking they had received their medicines correctly. Where nursing staff needed to make changes as a result of an audit we saw the managers recorded these clearly and checked that staff had responded. These records provided evidence that people were consistently receiving their medicines as prescribed.

Is the service effective?

Our findings

People using the service, their relatives and visitors and health and social care professionals told us staff were well trained and knew how to meet people's care and support needs. One person told us, "They know what they are doing so I think they must be well trained." Relatives commented, "I think the staff are very well trained, if I ever ask a question about my [family member] they are always able to answer" and "I spoke with the staff who told me about their training and it seems very comprehensive." Health and social care professionals commented, "The staff appear to be well trained, they know what they are doing," "The staff are very competent. I know the manager arranges training for them and they are well qualified to look after people" and "The nurses are well trained and are always able to tell me about people's needs."

The provider ensured all staff completed training they considered mandatory. This included fire safety, moving and handling, safeguarding adults, health and safety, food hygiene and the Mental Capacity Act 2005. Staff told us they found the training helpful. Their comments included, "The training is very good. We all train together so we know we are doing the right things consistently," "The induction training was very good and I have completed other training since I started. The end of life care training was very good" and "I have learnt a lot from the training that has helped me to look after people living here." The registered manager told us that all new staff were completing their Care Certificate training and the records we saw confirmed this. The Care Certificate is a set of standards for social care and health workers that should be covered as part of induction training of new care workers.

The Mental Capacity Act 2005 (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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of their responsibilities under the MCA and DoLS. They ensured that, where restrictions were placed on people's liberty, they applied to the local authority for authorisation and informed the Care Quality Commission. During the inspection we saw no examples where people were deprived of their liberty unlawfully and staff were able to tell us how they supported people to make decisions about their care.

During lunchtime we observed the support staff gave to people in the dining room. We used the Short Observational Framework for Inspection (SOFI) to help us understand the experience of people who could not talk with us. We saw that staff supported people in a caring and patient way. They sat with people, explained the choices of food and drinks that were available and, where people needed assistance with eating, they did this in a cheerful way, allowing people time to eat at their own pace and chatting with them while they ate. The atmosphere in the dining room was relaxed and informal. People told us, and we could

see for ourselves, that they could choose what to eat from a choice of freshly prepared food. People told us they enjoyed the food, choices were available and drinks were provided throughout the day. One person said, "Nothing is too much trouble. If I don't like what's on the menu they will make me a sandwich or an omelette." A second person told us, "The food is very good. I'm fussy but they always make sure I have something I like. We've been having salads because of the hot weather and they are lovely."

People using the service, their relatives and visitors and health and social care professionals told us people had access to the health care services they needed. One person said, "I see the doctor whenever I need to." A second person said, "I've seen the doctor and the dentist and I've been to hospital. They arrange it all for me." People's relatives commented, "The support with health care is superb and the staff always let us know if there are any problems or when [family member] needs to see the doctor" and "It's early days but they made sure they knew everything about my [family member], especially [their] health needs. They were very good and told us exactly what support was available. They are always telling us not to worry and we don't!"

Health and social care professionals told us the provider worked well with other agencies to meet people's health care needs. The provider worked with the local tissue viability nursing service to assess people's needs and agree wound management and treatment plans where these were needed. This included two people who were admitted to the service with grade 4 pressure ulcers who were unable to mobilise. As a result of joint work with the tissue viability nurse and dietician, both people gained weight and one regained the ability to walk around the service without the use of mobility aids. The tissue viability nursing service assessed the skin condition of each person using the service in April 2017 and found no pressure ulcers. The provider continued to work with health care staff and they told us that, in July 2017 the tissue viability nurses will present the service with a certificate and trophy as there have been no pressure ulcers for more than 100 days.

Other health care professionals also told us the service provided good health care for people using the service. Their comments included, "They know people very well. They know when to refer and ask for support and they always follow our treatment plans, people's health care needs are met extremely well in the home" and "This is an excellent service where people receive the highest standards of health care and end of life care. I can ask any of the staff and they know the person and can tell me what I need to know. It is a five star service."

The registered manager had appointed members of staff as 'champions' for specific areas of care and support, including tissue viability, dignity, falls and safeguarding. They told us the role of the champions was to keep up to date with developments in their area of interest, pass on information to staff and work with new staff during their induction to pass on best practise. During the inspection we saw evidence displayed of information the champions had produced to inform and educate staff and other people.

Is the service caring?

Our findings

People using the service, their relatives and friends and social and health care professionals spoke highly of staff and their experiences of the care and support people received.

People's comments included, "The care is very good, they look after me very well" and "They are absolutely wonderful, the care is five-star. The staff are very good, they are always asking if I'm OK." A relative also commented, "It's a wonderful place. It's a small thing but every single member of staff speaks to my [family member] whenever they go past." A second visitor told us, "They treat my [family member] like one of their own family. I can't recommend the home enough."

The provider and the registered manager were enthusiastic and passionate about the provision of high standards of end of life care. This attitude filtered down to staff, who told us they were privileged to support people at the end of their lives. A relative told us that when their family member moved into the home, they were asked about their end of life care wishes in a sensitive and caring way, as part of the admission process. They said, "They explained all the options and gave me time to go away and consider them. I'm so glad they did this then rather than when my [family member] was unwell and nearing the end of their life." People's end of life care plans were very detailed, person-centred and had the person and their relatives at the centre of their support. They included detailed information to ensure people received the care and support they wanted.

People's plans included evidence of continuous consultation between staff, people who used the service and their families to involve and keep everyone fully informed. This included end of life advanced decisions and each person's needs and wishes. Staff we spoke with knew the people they supported very well. They were able to tell us about each person, their likes and dislikes and important people and events in their lives.

Furthermore, we found the management team implemented various systems and staff training in the provision of excellence in end of life care. For example, they had involved and trained all staff in the principles of the Gold Standard Framework to ensure they worked consistently with people approaching the end of their lives. This approach enabled people to remain at peace within their familiar surroundings with staff they recognised. A visiting professional commented, "The end of life care is excellent. People can remain in their home and nobody goes to hospital unless that is their choice."

We saw many examples of the caring and highly efficient staff approaches to support people who were living with the experience of dementia or behaviour that challenged. Staff immediately sat with people if they became upset, making appropriate use of touch to provide support in a highly compassionate way. We saw they stayed with one person for long periods, talking quietly with them and offering a variety of activities. When people settled, staff continued to sit with them to have meaningful conversations, which valued and included them in their surroundings.

The registered manager assigned a number of staff as the service's dignity champions, whose duties

included circulating current research and information to staff. This showed staff considered and understood the importance of supporting people in a dignified and respectful way.

One staff member told us, "I've worked in other homes but this is the only place I've felt I would be happy bringing my mum." We discussed care with staff who demonstrated an understanding of people, their requirements and a gentle, loving approach. One staff member told us, "I love my job and the most important people here are the residents. I love having a chat and a laugh with them."

We saw staff exhibited the same respect, care, empathy and kindness to relatives that they showed to people who used the service. Staff welcomed them as soon as they entered the building, giving them an update on their family member's progress and offering a drink. One relative told us they had visited other services but had chosen Ruislip Nursing Home because, "We immediately felt welcomed and involved. They care about people's families as well as the person living here."

The provider sensitively asked the relatives of people who had received care in the service at the end of their lives for their views on the service. One family commented, "We were very happy with the care provided to [family member] throughout his stay and especially in the last days of his life. We were informed when his condition was deteriorating and were made to feel welcome to stay with him overnight in his final hours." Another relative said, "The warmth and welcome from all the staff was so comforting to us at a very difficult and emotional time. Plus the caring staff made saying 'goodbye' so much easier."

Is the service responsive?

Our findings

People using the service and their relatives told us staff understood the care and support they needed. Their comments included, "They know what I need and they are always asking if I'm alright," "They know how I like to do things and they let me do what I can for myself," "They know what I need help with and they ask me" and "They ask me how I want things done and write it down."

People's relatives and visitors told us, "They understand my [family member's] needs very well. There's a plan and they are always checking it," "They keep the care plan up to date and go through it with us when we visit and when we have reviews," "They asked about and wrote down how our [family member] wants to be supported and their wishes are respected" and "They offer help quickly but they are not pushy, they try and encourage [family member] to make choices and stay independent, even when it takes them more time."

Each person had a care plan that included an assessment of their health and social care needs. The assessment covered people's physical and mental health needs, mobility, personal care, communication, medicines, activities and health and safety. The care plans we saw were focused on the needs of the individual and included information on their routines and preferences. For example, the person's food likes and dislikes, their usual time of going to bed/waking up, social interests and other activities they enjoyed. Each care was written in a person centred way, using "I" statements to personalise the information provided. For example, "I like to be called [person's name]," "I like to have my table in front of me in the lounge" and "I would like it to be explained and reassured before, during and after every activity."

Staff worked collaboratively with people using the service and their relatives in their care planning. For example, staff documented in care files discussions and meetings they held with family members as part of the support planning process. A relative told us the registered manager met with them to discuss their family member's care before the person was admitted. They added, "I was very impressed. They clearly wanted to get to know my [family member] and wanted my input because they understood I know [my family member] best." Another visitor said, "They go out of their way to involve us. It was refreshing to see someone who was asking us about our [family member's] needs."

The daily care records staff completed included information about people's daily activities, health care needs, personal care and nutrition and showed that care was delivered in line with their preferences and care plan.

People told us the provider organised activities they could take part in. Their comments included, "There's usually something to do, games or sing-songs," "Not everything is for me but I join in when I choose. There's plenty to keep me occupied and the staff will always stop and have a chat and a laugh" and "They ask me if I want to join in and if I don't that's fine. But there's usually something going on." People's relatives told us, "I can pop in anytime. They do organise some group activities but there's a lot of individual attention, just sitting and chatting or reading the paper and that's important" and "I haven't seen a lot of activities but my [family member] prefers to do her own thing anyway. As long as she has her books and radio, she's happy."

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding. We saw the provider displayed the complaints procedure in the service. People using the service told us, "I've never complained. I'd talk to the staff if there was a problem" and "I haven't needed to complain but I'm sure they would sort things out quickly." People's relatives commented, "They did tell us about the complaints procedure but I don't think we will ever need it," "I would talk to [registered manager's name]. She is very approachable and always listens" and "The manager deals with things like that very quickly and always lets you know what's happened."

The record of complaints showed the provider recorded and investigated all complaints in line with their policy. Staff knew about the provider's procedures and told us they would support people to make a complaint, if necessary. Their comments included, "We can learn from complaints and improve the way we care for people. I would encourage people to speak with [registered manager's name]."

The provider consulted people using the service and others for their views on the service and improvements they could make. They completed a survey of people using the service in June 2017 and had developed an action plan to address issues they identified. For example, the provider developed a pictorial version of the service's complaints procedure to ensure this was available for all people using the service. The provider also completed a survey of staff views in May 2017 and as a result developed an annual training matrix to show individual staff when they needed to complete refresher training. Surveys for people's relatives and visitors and health and social care professionals working with the service were also completed in May 2017. The only action arising was to remind families about the provider's complaints procedure and we saw this had been done.

Is the service well-led?

Our findings

People using the service, their relatives and visitors and health and social care professionals told us they felt the service was well led. One person said, "[Registered manager's name] is the manager she is very good." A relative told us, "There is good leadership here. The manager is very good and that is passed on to the staff. I think she has very high standards and that staff know that." A social care professional commented, "The manager is a good leader and the staff seem to stay which is always a good sign. Staff are very pleasant and they know the patients' medical history" and "I would recommend this nursing home for the good clinical care and homely feel." A healthcare professional told us, "The provider, manager and staff are committed to providing the highest quality care, especially when someone is nearing the end of their life."

Staff told us they felt the provider and registered manager were supportive and the service was well-led. One member of staff commented, "I have learnt so much here. The leadership is very good and we all understand what we need to do to provide the best possible care for people. They are what matter."

The Care Quality Commission (CQC) registered the provider, Ruislip Care Home Limited, and a manager in July 2014. The service had the same registered manager at the time of this inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had a recognised professional qualification.

Shortly after our last inspection the service was awarded Gold Standard Framework (GSF) accreditation for end of life care. The GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers. As part of the accreditation, the provider prepared a portfolio of evidence and arranged training for all staff working in the service, including nurses, care staff, domestic, catering and administrative staff. The provider had included discussion about GSF and people's care needs on the agenda for each team meeting, reviewed their portfolio of evidence, prepared case studies and arranged refresher training for all staff as preparation for their application to renew their accreditation in 2017. This was evidence the provider involved all staff to ensure they provided high quality care and support to people at the end of their lives, their families and other people.

During our inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between nurses and care staff and people who used the service. Staff worked well together to meet people's care and treatment needs. We saw examples of good teamwork where nursing and care staff supported each other to make sure people did not wait for care or attention. Staff told us, "We all work well together. It's busy but the people living here are the important thing" and "I love working here, the care is very good and we all want the same thing, for people to be happy and well cared for."

We saw the provider had a business plan that included the addition of an extension to the home to provide more bedrooms and reduce the number of shared rooms. The provider told us they had obtained planning

permission and would proceed with the building works.

The provider, registered manager and staff carried out checks and audits to monitor quality in the service and identify areas for improvement. Where they identified issues they needed to address, they took action. For example, they reviewed risk assessments regularly or more frequently when people's care needs changed, they identified changes in people's health care needs and referred them promptly to their GP or other health care professionals. All of the health and safety checks were up to date and the provider had made arrangements for equipment in the home to be serviced regularly.