Care Quality Commission

Bedfordshire Supported Housing Limited

Rutland Road Care Home

Inspection report

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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

Overall summary

This inspection took place on 3 & 4 December 2015 and was unannounced.

Rutland Road Care Home is registered to provide care and support for up to five people who are living with mental illness. There were five people living at the service when we visited.

The service has 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.

Staff had been trained to recognise signs of potential abuse and how to report them. People reported feeling safe in the company of staff.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

Summary of findings

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service.

There were suitable and sufficient staff with the appropriate skill mix available to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and on-going essential training to keep their skills up to date. They were also provided with regular supervision.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required, people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure that people's views were acted on; and staff provided care and support to people in a meaningful way.

Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

To ensure people's identified needs would be adequately met; pre-admission assessments were undertaken before they moved into the service.

A complaints procedure had been developed to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service; and the leadership was transparent and visible, which inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

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

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

Systems were in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective

Staff understood their roles and responsibilities and were appropriately trained.

People's consent to care and support was sought in line with current legislation.

Arrangements were in place to ensure people received a balanced diet.

People were supported to access other healthcare facilities if required.

Good

Is the service caring?
The service was caring

Positive and caring relationships had been developed between people and staff.

Arrangements were in place to ensure people's views were acted on.

Information about people was shared on a need to know basis.

Good

Is the service responsive?
The service was responsive

People's needs were assessed prior to a service being provided.

Regular meetings were held with people to discuss their care and support needs.

Information on how to raise a complaint was available to people.

Good

Is the service well-led?
The service was well-led

There was an open and inclusive culture at the service.

The leadership and management at the service inspired staff to deliver a quality service.

There were quality systems in place which were used to good effect.

Good

Rutland Road 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 was unannounced and was carried out on 3 & 4 December 2015 by one inspector.

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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we observed how staff interacted with people who used the service.

We spoke with three people who used the service, two support workers, the deputy manager and the registered manager.

We looked at two people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe living here because there is a CCTV camera." Another person said, "It is safe here the staff make sure all the windows and doors are closed." All the people we spoke with said that they knew how to raise concerns and safeguarding was regularly discussed with them at residents' meetings. We saw minutes of meetings to confirm this.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report abuse to the manager." Another staff member said, "No abuse happens here." All the staff we spoke with told us they had been provided with safeguarding training. They were aware of the organisation's policies and were confident that they would be supported to follow them. Training records seen confirmed that staff had been provided with safeguarding training.

Staff told us they were aware of the provider's whistleblowing policy. They said the whistleblowing policy was regularly discussed at staff meetings. One staff member said, "I would report poor practice to the manager; however, if the incident relates to the manager I would go straight to the Care Quality Commission (CQC)."

Risks to people's safety had been assessed and risk management plans were in people's care plans. These included risks associated with medicines, personal hygiene, hearing voices, suicidal thoughts and being out in the community. Staff told us that people were involved in the development of their risk management plans. We found risk assessments were used to enable people to take risks safely and to maintain their independence. We saw evidence that people's risk assessments were regularly updated.

There was an emergency procedure file that was accessible to staff. It contained contact numbers for staff, the registered manager, the crisis intervention team and utility suppliers. Staff told us that senior managers were contactable for advice and support throughout the day and night.

We found that accidents and incidents were recorded and monitored. Records seen had been completed appropriately and in line with the provider's policies.

People told us there were enough staff to meet their needs safely. One person said, "I think there are enough staff." Another person said, "You can always depend on the staff to support you." Staff told us that the staffing numbers were based on people's needs and there was always an experienced member of staff on shift to provide advice and support. One staff member said, "We have bank staff who cover in an emergency. There is continuity of care."

Staff confirmed if additional cover was needed to support people with healthcare appointments or social activities this would be provided. The rotas seen reflected that there was a minimum of two staff on duty throughout the day. The number was reduced to one staff sleeping on the premises at night.

Safe recruitment practices were being followed. Staff told us they had gone through a robust recruitment process. This included having a face to face interview; supplying references, proof of identity and Disclosure and Barring Service (DBS) checks. Staff told us they did not take up employment until the appropriate documentation was in place. Records seen confirmed that checks had taken place.

The provider had a disciplinary procedure. We discussed the process with the registered manager who confirmed when staff were responsible for unsafe practice the procedure would be implemented. We saw evidence to confirm this.

People told us that staff supported them with their medicines. One person said, "The staff make sure I have my medicines at the prescribed times." Staff told us they were only allowed to administer medicines if they had completed training and assessed as competent to do so. The registered manager told us that the Medication Administration Record (MAR) sheets were checked daily. She said, "We identified that there were instances when unexplained gaps were noted on the MAR sheets. Corrective measures were put in place to address the shortfall. Staff are held to account and if errors are made they are not allowed to administer medicines until they are re-trained." We saw evidence to confirm this and found that the new system was still work in progress. We observed the morning medicine administration. This was completed in line with best practice. For example, staff gained people's permission before administering their medicines. We found medicines were stored correctly and were audited at every administration to minimise the risk of errors.

Good

Is the service effective?

Our findings

People told us the staff were appropriately trained to carry out their roles and responsibilities. One person said, "They seem to know what they are doing and provide us with good advice."

Staff told us they were required to complete an induction programme. One staff member said, "I had to complete e-learning as part of my induction." We found that new staff had to complete a five day induction training and familiarise themselves with the service's policies and procedures. They were also expected to shadow experienced staff members until they felt confident. In addition, staff were provided with essential training either face to face or electronically. The training covered topics such as, mental health awareness, safeguarding of vulnerable adults, conflict resolution, fire awareness, lone working, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS), manual handling, Control or Substances Hazardous to Health (COSHH), food safety and diabetes awareness. We saw evidence that some staff had acquired nationally recognised qualifications in health and social care in level 2, 3 and 5.

There was a supervision and appraisal framework in place. Staff told us they received regular supervision. One staff member said, "I find supervision useful. I had one last week." Staff confirmed that supervision was used to discuss their training needs as well as the needs of the people who used the service. Staff told us yearly appraisal meetings took place and they were able to discuss their strengths and weaknesses and any support needed to perform their roles effectively.

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 in in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

People told us that staff always gained their consent before providing support. One person said, "The staff always explain things to me first." Staff told us that people signed consent forms to agree to be supported with their needs. We saw signed agreement forms in the support plans we looked at.

People told us they had access to food and drinks and staff supported them to maintain a balanced diet. One person said, "There is always enough food." Staff told us that people had their main meal in the evening and that the menu was devised with their input. Staff were responsible for cooking people's meals. Staff told us that some people chose to help with the meal preparation sometimes. They told us if people did not like what was on the menu an alternative would be provided. We observed people helping themselves to food, drinks and snacks throughout the day. There were fresh fruits available which people helped themselves to. Staff confirmed they encouraged some people who were diabetics not to have excessive amounts of sugary foods and carbohydrates and to choose healthy options.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, "Staff accompany me to hospital appointments." Staff told us that if required people had access to specialists such as, the psychiatrist, dietician and psychologist. They were also registered with a GP who they visited if they had a problem; and had regular dental and optical checks.

Staff told us that they liaised closely with health care professionals who visited people on a regular basis. If there were changes in people's condition these were reported appropriately to ensure they received the appropriate care and treatment. We found that people's mental health needs were closely monitored.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. One person said, “The staff have time for you.” Another person said, “The staff are okay.”

We observed positive interactions between staff and people who used the service. For example, when speaking with people staff kept eye contact. People looked comfortable and at ease in the company of staff. During conversations with people staff ensured that everyone was included.

Staff were able to demonstrate how they ensured people felt that they mattered. They told us that regular group and one to one meetings were held with people. At these meetings people were able to raise issues or make suggestions. One staff member said, “One resident requested to go swimming and this was arranged.”

We found that staff knew people really well and the contents in their care plan. They were able to tell us about people’s likes, dislikes, preferences and personal histories. Throughout the inspection we observed that staff responded to people in a caring manner. They sat and talked with them and provided reassurance.

People told us they were able to express their views and were listened to. One person said, “We asked for more spoons and they were provided.” Another person said, “We asked for the outside light to be repaired and it was.”

People told us they were aware of the advocacy service available. Staff told us that people were given information on how to access the services of an advocate. Written information was also displayed in the service.

People were assured that information about them was treated confidentially. Staff told us they made people aware that information about them was shared on a need to know basis. If information had to be shared with other health care professionals people’s agreement was sought and they were usually present. We found that staff had been provided with training on confidentiality and data protection. We observed that records relating to people’s care and support were locked in filing cabinets and the computers were password protected.

People told us their privacy and dignity was respected by staff. One person said, “Staff always wait to be invited into my bedroom.” Staff told us people were given the privacy and dignity they needed. For example, bedrooms were single occupancy with en suite facilities. People were able to personalise their bedrooms; and spend time on their own if they wished.

People told us that friends and family were able to visit them. One person said, “My mum visits me regularly.” Staff confirmed that people’s visitors were made to feel welcome; however, not all visitors were allowed in people’s bedrooms.

Good

Is the service responsive?

Our findings

People told us that their care plans were developed with their involvement and they met with their key worker on a weekly basis to discuss their progress. One person said, "I discuss with my key worker how I am coping and feeling." Staff confirmed this and said if there were changes to people's care needs the support plan was updated.

Staff told us that prior to people moving in to live at the service their needs had been assessed. Information was obtained from people, their relatives and healthcare professionals involved in their care. We found that information obtained during the assessment was used to inform the care plan.

We found that people's care plans were signed by them to confirm their involvement. They were comprehensive and written in a personalised way. They contained clear guidance for staff to follow when providing care and support. They also included information on people's varying level of needs, their preferences, histories, goals and how they wished to be supported. Progress on their identified needs was evaluated in the daily notes.

People told us they were supported by staff to follow their interests and to take part in social activities that they wished to participate in. One person said, "I attend guitar lessons weekly." Another person said, "I enjoy painting and staff supported me to have my paintings displayed at the local church." We observed people going to different activities. We saw documentation that people had met with support staff to decide what activities they wanted to do as a group. We found that trips to the cinema, leisure centres, museums, picnics in the park and the seaside had been arranged.

People told us they were aware of the complaints procedure. One person said, "I know how to make a complaint. My key worker always asks me during one to one meetings if I have any concerns. I have never had the need to make a complaint." We saw documentation that demonstrated complaints had been dealt with in line with the provider's policy and to the complainant's satisfaction.

The registered manager told us that arrangements were in place to enable people, relatives and staff to provide feedback on the quality of the care provided. We found that surveys were regularly sent out and they were analysed. Where areas were identified as requiring attention action plans had been put in place with timescales for when they would be achieved.

Good

Is the service well-led?

Our findings

People and staff told us there was a positive, open and inclusive culture at the service. One person said, "[Name called] is always available to talk to us." Staff told us that regular meetings were held and the manager updated them with any changes that were occurring in the service. One staff member said, "I feel supported by the manager." Another staff member said, "We are kept informed of what is going on."

We found there were strong links with the local community. People were given the support they needed to shop and access social and leisure activities local to them.

Staff told us they were able to make suggestion on how to improve the quality of the care provided. One staff member said, "The manager is open and transparent and easy to talk to. She asks us for our views."

Staff told us there was honesty and transparency from all levels of staff and the management team. For example, when mistakes occur they were made aware of the action that would be put in place to minimise the risk of occurrence. They told us they received feedback about their performance from senior managers in a positive manner.

Staff told us they understood the service's values and vision and we saw that these values underpinned staff practice. For example, one of the service's values was promoting independence. We found that staff supported people to clean their bedrooms and to do their personal laundry.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager. One staff member said, "She gives praise where it is due." Another staff member said, "I love my job it is so rewarding." During the inspection we observed staff communicating with each other in a respectful manner.

Staff told us there was good leadership and management demonstrated at the service. They said senior managers worked shifts and led by example. This inspired them to deliver a quality service.

Systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed for identified trends. Where trends were identified measures had been put in place to minimise further occurrence.

The provider was committed to providing a quality service. For example, the service had been awarded a number five Food Standards Agency (FSA) hygiene rating. This demonstrated that good hygiene standards were promoted at the service.

There were systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention action plans had been put in place to address areas that required attention.