

Silk Healthcare Limited

Reuben Manor Care Home

Inspection report

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Date of inspection visit:
06 November 2018

Date of publication:
13 December 2018

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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

Reuben Manor is a residential care home for 83 people. Reuben Manor provides care and accommodation to younger adults and older people, including those living with a dementia. Accommodation is spread across three floors and the middle floor provides support to people with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff knew how to keep people safe and reduce the risks of harm from occurring. Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support. 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. People were supported to have enough to eat and drink and had access to healthcare professionals as and when this was needed.

Staff provided care and support with kindness and compassion. There were positive interactions between people and staff. People could make choices about how they wanted to be supported and staff treated them with dignity and respect. People's independence was promoted and encouraged. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Detailed care plans were in place which guided staff how people wished to be supported with daily living. People were involved in writing and reviewing their care plans and in decisions about their care. There was a varied programme of activities and entertainment available to prevent people from being socially isolated.

People spoke positively about the registered manager and the wider management team. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement. There were good systems in place for communicating with staff, people who used the service and their relatives to ensure they were fully informed of what was going on in Reuben Manor.

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 has improved to 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

Reuben Manor 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 was a comprehensive inspection which took place on 6 November 2018.

The inspection team consisted of one inspector, a specialist advisor, in this case a nurse, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we did not request a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We spoke with eleven people who used the service, five relatives and one visiting health professional. The registered manager was not present on the day of our visit but we spoke with deputy manager, five care staff, a member of the kitchen staff and the activities co-ordinator. The deputy manager was supported during the inspection by a manager from one of the provider's other locations. We also spoke with the provider's quality assurance manager and a regional manager.

We reviewed seven people's care records and five staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and their relatives felt the service provided safe care. One person told us, "If I fall here and I haven't yet, I will be looked after and I can stop worrying. I feel safe and very well looked after." A relative told us, "My [family member] needs 24/7 care because of his sudden deterioration. I have no concerns whatsoever regarding his safety here."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area. One member of staff told us, "I would report anything I was worried about to a senior or [registered manager]. I would go straight to safeguarding if I had to. I can't stand cruelty to people."

People had individual risk assessments in place and these were regularly reviewed. Where risks were identified care plans addressed the way in which staff could mitigate these risks. Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident.

Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. Fire drills took place regularly and included evacuation practice.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Regular maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as hoists, call bells and lifts.

There were enough staff on duty to meet people's needs promptly and keep them safe. One relative told us, "I visit at various times and there are always loads of staff and call bells are answered quickly. It is always happy and there is a good atmosphere in the home. However, some staff told us it was a struggle at times to ensure people were not kept waiting and more staff were needed to stop staff being overstretched. We fed this back to the management team who said they would review staffing levels."

Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time.

The service was clean and decorated to a high standard. Staff were observed using personal protective

equipment such as aprons and gloves.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was not always effective and awarded a rating of requires improvement. At this inspection, we found the service had improved and is therefore now rated good.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and appropriately recorded.

There was some signage on the first floor to help people with dementia to identify rooms, mainly for bathrooms and toilets. The environment would benefit from further adaptation in line with dementia care best practice. Some corridors were very neutral in colour with no distinct contrast between carpets, wall colour and handrails. When we discussed this with the management team we were told the provider had a designated staff member who was a 'dementia champion' and they would liaise with them to look at what positive changes could be made.

People we spoke with felt staff had the skills and knowledge necessary to meet their care needs. Essential training was up to date and specialist training was delivered to ensure staff had the skills necessary to provide care to each individual.

Staff told us they felt well supported by management. They received regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Records showed people received ongoing healthcare support from a number of external professionals. One relative told us, "We get calls if our relative is unwell and the manager always ensures a quick visit by a GP or District Nurse." A visiting health professional told us, "They work well with us and support our involvement at all levels."

We observed a mealtime and found it to be a relaxed and sociable experience. People were provided with a varied and nutritionally balanced diet. The kitchen staff were aware of people's dietary needs and kept up to date records. However, one person's allergy information was not clearly displayed. When we fed this back it was addressed straight away and included on the kitchen notice board with other people's dietary requirements. Everyone we spoke with was happy with the quality of the food they received. One person told us, "I struggle to enjoy my food but chef is lovely and will get anything if I ask, even if it is not on the menu."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and their relatives were very happy with the care they received and spoke highly about the staff. One person told us, "I love the fact that I am more than a resident; I am still a person here and that's priceless to me." Another person said, "How could you not like being spoilt and cared for by people that respect you." A relative told us, "We can go away knowing that the finest care is being delivered to our relative."

A visiting health professional told us, "Staff greet us and know why we are there, that's not always the case elsewhere, on balance I have to say the standard of care is good."

Staff explained how they promoted choice, privacy and dignity. They told us people were supported to decide what to wear each day and given choices at mealtimes. During lunchtime we observed staff checking that people were happy with the choices they had made and offering alternatives without hesitation. Staff were seen knocking on people's doors and waiting before entering and all interactions between staff and people using the service was friendly but respectful.

The provider was aware of their responsibilities with regards to confidentiality and protecting people's data. Records were stored securely in locked cupboards.

People were involved in making decisions about their life and care. The provider had a system for regularly reviewing the person's care needs which involved them and their relatives. One person told us, "I know about my care plan and it doesn't change much. If it did I'd want my son to deal with it." A relative we spoke with said, "My parent is able to understand the care plan meetings but prefers some support so I go along."

Staff encouraged people to maintain their independence wherever possible. A relative told us, "Since coming here my parent's mobility has increased and that is because of the gentle encouragement and support given."

Although nobody was using an advocate at the time of our inspection information on local advocacy services was available and on display in communal areas. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

The care plans we looked at were up to date, easy to follow and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences.

We looked at the care plan for one person who was at Reuben Manor for a short period of respite care and found the same level of personalisation within their records as those who lived there permanently.

The provider had a complaints policy in place and this was on display in communal areas. Everyone we spoke with said they felt they would be able to complain to the registered manager or other care staff if necessary. We saw evidence that complaints were handled in line with the policy. There had been eight complaints received in the previous twelve months and these had been investigated fully and recorded appropriately.

Activities were offered by a dedicated activities co-ordinator who was very passionate about their role. They told us, "I fell in love with how I could make dementia patients respond and be happy for a while." Detailed records were kept to ensure people were not socially isolated. There was a variety of activities within the home including a music therapist and regular visits from a friendship dog. One to one activities were offered to people who preferred not to join in group sessions and outings were arranged using the provider's own minibus as transport. People were supported to maintain relationships with people that mattered to them and friends and family were able to visit at any time.

One person told us, "I spent all day on my own in my own home. Here I can join in the activities, have visits from the family, sleep, do whatever I want. It is great." A relative said, "The main concern for my relative was that they would be sat down in front of a TV or made to join in. Here they are too busy enjoying themselves and those who are shy do not get forgotten they have their own special time."

There was nobody receiving end of life care at the time of our visit but staff had received training in this area. Some people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place which meant if their heart or breathing stopped as expected due to their medical condition, no attempt should be made to resuscitate them. Where present, these were up to date and kept in the front of people's care files so they were easily accessible to staff in an emergency. This would help to ensure people's end of life wishes were observed.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff spoke positively about the management team, including the registered manager. One member of staff member said, "We can always ask for support from management and they are always available and helpful." Another staff member told us, "Management is brilliant [registered manager] is wonderful and the deputy is so kind and approachable."

Whilst staff recognised and appreciated the open door policy operated by the registered manager some staff felt it was not always easy to find time to speak with them during a shift due to the staffing levels. As recorded in the 'safe' section of the report, staff levels were being reviewed.

There was a good relationship with external professionals. One visiting health professional told us, "Any problems are quickly ironed out by the management." There were also good links with the local community. The service was part of the Herbert Protocol and was registered as a local 'safe place'. This meant it was a place where police could take a vulnerable missing person until such time they could be identified and returned safely home.

Residents and relatives meetings were held monthly. Attendance at these varied but minutes were taken and made available to those people and family members who had not been present. Staff meetings were held quarterly. All aspects of the service were discussed, for example people's care needs, rotas, safeguarding and health and safety. Staff told us they felt these were a useful opportunity to give feedback on how things were going or raise any concerns they may have. Feedback from staff, relatives and professionals had also been sought via annual surveys.

The provider told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly.

There was a good system of communication in place to keep staff, people using the service and their families informed of what was happening within the service. This included a weekly newsletter detailing upcoming activities and a monthly audit results report.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made

timely notifications to the CQC when required in relation to significant events that had occurred in the home.