Golden Care (UK) Limited

Rathgar Care Home

Inspection report

349 Kettering Road,
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Tel: 01604499003
Website: None

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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 unannounced inspection took place on the 24 and 29 April 2015.

Rathgar Care Home accommodates and provides care for up to 23 older people, most of whom have dementia care needs. There were 22 people in residence during this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People were assured that there were sufficient numbers of staff that had acquired the skills they needed through training and experience to meet their needs. Recruitment procedures were robust and protected people from the poor practice of unsuitable staff compromising their safety.

Summary of findings

People's care plans reflected their individuality and their needs were regularly reviewed. People's benefited from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others. Staff understood their duties and carried them out diligently. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed. There were spontaneous as well as regularly organised activities to stimulate people's interest.

People's healthcare needs were met. They had routine and 'as needed' access to a wide range of community based health professionals. Community based healthcare professionals were appropriately consulted, and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People said they enjoyed their food and had plenty to eat and drink. They enjoyed a varied and balanced diet to meet their nutritional needs. Meal portions suited people's appetites and choices of food suited people's individual preferences and tastes. Snacks were readily available. People who needed support with eating or drinking received the help they required.

People's medicines were securely stored and there were suitable arrangements for the disposal of discontinued medicines. Medicines were competently administered by staff in a timely way.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider.

People and their representatives knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

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.

People's care needs and any associated risks were assessed before they were admitted to Rathgar. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience to provide safe care.

People's medicines were competently administered and securely stored.

Good

Is the service effective?
The service was effective.

People received care from staff who that had the training and acquired skills they needed to support them to have a good quality of life.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and they had sufficient to eat and drink to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People's care was not just task-led but took into account their individuality and their diverse needs.

People were treated kindly, their dignity was assured and their privacy respected.

People were supported to make choices about their care and staff respected people's preferences and the decisions they made.

Good

Is the service responsive?
The service was responsive.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

People were supported to maintain their links with family and friends.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

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

People were cared for by a team of staff that received the managerial support they needed and that knew and acted upon their collective and individual responsibilities.

Good

Summary of findings

People benefited from being cared for by staff that were motivated by the registered manager to consistently work together as a team.

There were systems in place to monitor the quality and safety of the service.

Rathgar Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out by an inspector and took place on the 24 and 29 April 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. We also used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed four people's bedrooms by agreement.

During this inspection we spoke with six people who used the service, as well as three visitors to the home. We looked at the care records of six people. We spoke with the registered manager, deputy manager and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

People's assessed needs were safely met by sufficient numbers of experienced care staff on duty.

The care staff team were ably supported by the registered manager, and deputy manager, both of whom worked 'hands on' supporting people, as well as by kitchen and domestic staff. A relative said, "My [Relative] feels at ease here. That's the way it should be. We have no qualms at all about [relative's] care. They [care staff] look after [relative] well so we know [relative] is safe." Another visitor said, "The [care workers] go out of their way to make them [people] feel relaxed. My [relative] always seems calm and content and I'm sure this is because [relative] feels safe in their [care workers] hands."

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults team. Care staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff were familiar with the 'whistleblowing' procedure in place to raise concerns about people's treatment.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. All medicines were competently administered by care workers that had received appropriate training. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care, such as hoists, was regularly serviced to ensure safe operation.

People were protected by care staff responding in a timely way to their needs. One person said, "If I ring [use the 'call bell'] they [care workers] don't keep me waiting. I don't worry because I know that."

Good

Is the service effective?

Our findings

People received care and support from care staff that had received the training they needed to care for older people with dementia care needs. The registered manager and care staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Where people had lacked capacity to decide for themselves because of their dementia decisions made about their care had been made in the person's 'best interest'. There was a Mental Capacity Act policy and procedure for care staff to follow to decide whether people had the capacity to make some decisions for themselves. Care staff were able to describe through discussion their role in assessing people's capacity. If people lacked the capacity to make decisions' best interest' meetings were arranged which included health and social care professionals and, where appropriate, relatives or the person's representatives.

People were involved in decisions about the way their care was delivered and care staff understood the importance of obtaining people's consent when supporting them with their care needs. Care staff confirmed their understanding of the importance of obtaining consent to care.

People's care plans contained assessments of their capacity to make decisions for themselves.

Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. Care staff had a good knowledge of people's individual personal care needs that enabled them to consistently provide effective care tailored to the needs of each person.

People benefited from receiving support from care staff that were enabled to participate in further training in care work to gain a qualification and enhance their work skills. Newly recruited care staff received a thorough induction that prepared them for working in the home. They also initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

People's needs were met by care staff that were effectively supervised. Care staff participated in 'supervision' meetings and that the senior staff and registered manager were readily approachable for advice and guidance. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager.

People received the timely healthcare treatment they needed. There was effective communication between care staff and, for example, the local GP surgery, so that people received timely medical treatment.

People drank and ate enough. People enjoyed meals that were served at an appropriate temperature suited to the food provided. Portions of food served at lunchtime were ample and suited people's individual appetites. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's nutritional needs.

People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food.

People were encouraged to enjoy their meal served at tables in the dining room so that mealtimes were a social occasion. Other factors, such as the person's preference for where they wanted to eat, or the level of support a person needed, were appropriately acted upon. One person said, "I like to eat in the lounge. It suits me."

Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Good

Is the service caring?

Our findings

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way in front of others. People were assisted to their bedroom, bathroom, or toilet whenever they needed personal care that was inappropriate in a communal area. Care staff also made sure that doors were kept closed when they attended to people's personal care needs.

People received their care and support from care staff that were compassionate, kind and respectful. Care staff used the people's preferred name, patiently explained what they were doing even when the person showed no obvious response, and were mindful of the person's dignity in the communal setting. One relative said, "They are so gentle with my [relative]. There's always a smile for [relative] and what I like to see is that they explain what they are doing when they help [relative]. I think that soothes [relative]. They [care workers] have a nice way about them."

People were listened to by care staff that took an interest in what they were saying or trying to articulate. People's individuality was respected by care staff that directed their attention to the person they were engaging with.

People were not left in distress or discomfort. Care staff were observant and sensitive to people's individual needs and responded promptly when people needed help or reassurance. They engaged in a timely way with people including those individuals who, because of their dementia, were less able to verbalise what they needed. Care staff were able to tell us about the signs they looked for that signalled if an individual was unsettled and needed their attention.

People's visitors were encouraged and made welcome. The visitors we spoke with regularly came to the home and were pleased with the arrangements in place for them to be with their relatives. One visitor said, "You can tell they [care workers] like visitors. We get offered cups of tea. Little gestures that make you feel welcome. It's a good thing. We get to see things as they are because we can visit whenever we like."

People were encouraged to make choices appropriate to their capabilities, ranging from where they liked to sit in the communal lounge to whether they wanted to join in with an activity. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People were encouraged to bring items into the home which enabled them to personalise their own private space and feel 'at home'. We saw evidence of this in people's bedrooms, with items of personal value on display, such as photographs and other personal mementos.

Good

Is the service responsive?

Our findings

People who were able to make decisions about their care had been involved in planning and reviewing their care. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices. Where people lacked the ability to participate meaningfully in their review relatives, or significant other people, were encouraged to attend if this was appropriate. This was confirmed by the relatives we spoke with who were visiting the home when we inspected.

People's care was individualised. Information about people's history enabled care staff to personalise the care they provided to each person, particularly for those people who were unable to say how they preferred to receive the care they needed. One visitor said, "When [relative] came here [Rathgar] they [the registered manager] wanted to know a lot about [relative]. They [registered manager] said this helped them [care workers] to plan the help [relative] needed in a way that best suited [relative]."

People received a service that was flexible. One person said, "I go to bed when I feel like it. They [care workers] always ask if I'm ready 'to go up' [retire to bed] but I suit myself and they [care workers] have no problem with that."

People had a range of activities that were organised or on offer on a daily basis. People could choose to join in if they wanted to. Care staff took time to converse with people to stimulate their interest and motivate them to join in with a group activity, such as a quiz or reminiscence about days gone by. People who preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up a conversation or encourage them to participate in a one-to-one activity they enjoyed, such as having their nails 'painted'.

People, or their representatives, were provided with the information they needed about what do if they had a complaint. One relative said, "The owner [provider] is every so friendly and so are all the staff. I doubt I would ever need to make a formal complaint because I know they [provider, registered manager, and care staff] would want things put right. They said that if I was ever unhappy with [relative's] care they needed to know." They also said they had been given information about how to complain formally.

People had access to aids and adaptations they needed to support their mobility and independence, including walking frames and wheelchairs.

Good

Is the service well-led?

Our findings

People were supported by a team of care workers and other staff that had the managerial guidance and support they needed to do their job. A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care workers said the registered manager or other senior staff were always available if they needed advice. There was always a senior member of staff 'on call' when night care staff were on duty.

One care worker said, "Morale is good.[Registered manager] is really supportive. I feel that I can go to [registered manager] if I am a bit unsure of anything and not feel I am wasting [registered manager's] time. That's the way it should be." Another care worker said, "They [provider and registered manager] know the job is not always easy so they make sure they are there for us."

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could reply upon. Care workers said that the registered manager respected them and valued their efforts to provide people with a safe, homely living environment . People received care from a staff team that were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Care staff said the registered manager used regular supervision and appraisal meetings with care staff constructively.

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and by the provider. These audits included analysing satisfaction surveys and collating feedback from visitors including relatives and healthcare professionals.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.