M Jalal

Ruksar Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 January 2015. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Need for Consent.

Where people had not been able to consent to certain aspects or decisions about their care records of decisions had not been completed. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests.

We received concerns in relation to safe care and management at the home in November and December 2015. As a result we undertook a comprehensive inspection to look into those concerns and check that the provider had followed their plan and that they now met legal requirements.

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. A maximum of 27 people can live at the home. There were 23 people living at home on the day of the inspection. There was no registered manager in place. 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.

In response to three serious incidents in October and November 2015 the provider was working with external agencies to make changes to reduce the risk to people's safety. Whilst changes had been made these will need to be reviewed by the provider to ensure they improve the risks to people's safe care and treatment.

People told us that they felt safe in the home and felt the staff helped to keep them safe. People were not concerned about the risk of potential abuse and staff told us about how they kept people safe. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support people at the home and they did not have to wait for care to be provided.

People told us staff knew how to look after them. Staff felt their training reflected the needs of people who lived at the home. Nursing staff had recently began their clinical supervision which they felt supported and help them in providing care to people who lived at the home.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity.

People had not always been involved in the planning of their care due to their capacity to make decisions. However, relatives felt they were involved in the care of their family member and were asked for their opinions and input. The provider will need to consider how to involve and include people in reviews of their care plans and show their involvement.

People told us they had limited abilities and chose not to maintain their hobbies and interests. However, staff offered encouragement and supported people to read or attend places of worship.

Relatives we spoke with told us they were not aware of the provider's complaints policy, but were confident to approach the manager if they were not happy with their care. The provider had reviewed and responded to all concerns raised.

The provider had appointed a manager for the day to day running of the home, who was on leave on the day of the inspection. In their absence additional nurse cover had been provided. The provider was also in the process of recruiting a deputy manager who would also lead on the clinical aspects of people's care and support.

Regular checks had been completed to monitor the quality of the care that people received and look at where improvements may be needed. Management and staff had implemented recent improvements and these would need to be regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people and relatives liked.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not been able to demonstrate that recent changes would improve people's safety and well-being. People had received their medicines where needed and were supported by staff that meet their care and welfare needs.

Is the service effective?

Requires Improvement

The service was not effective.

The Mental Capacity Act (2005) code of practice was not consistently followed to ensure people were supported to make their own decisions.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make some everyday choices and had engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There has been no registered manager in post for 10 months. The current manager and provider had monitored the quality of care provided. Improvements were needed to ensure effective plans were in place where changes to care were being made.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Ruksar Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced inspection of Ruksar Nursing Home on 17 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 January 2015 had been made. The team inspected the service against the five questions we ask about services. This is because the service was not meeting some legal requirements.

The inspection was brought forward in response to concerns raised by the local authority and Wolverhampton Clinical Commissioning Group. The inspection team comprised of two inspectors with assistance from an interpreter.

Before the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 10 people who lived at the home and two relatives and two visiting friends. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three care staff, the lead nurse, nurse in charge and the provider.

We looked at four records about people's care, two complaints, falls and incidents reports and audits completed by the manager.

Requires Improvement

Is the service safe?

Our findings

During the previous inspection on 14 January 2015 we found that staff recruitment and infection control required improvement. At this inspection we found that improvements had been made. We spoke with three care staff who confirmed that they had all waited for reference request from previous employers and DBS checked to come back before commencing work.

People told us staff made sure they used protective clothing such as gloves and we saw staff used protective clothing during the inspection. Cloak rooms were clean and guidance was provided so the risk of infection was reduced, for example, information on handwashing techniques. The home was clean and communal areas were free from obstruction which enabled people to move safely around the home. We saw that weekly checks were undertaken by senior staff on the cleanliness of the home and sluice areas.

We were also made aware of three safeguarding incidents for three people who used the service. We looked at how the provider had reviewed these incidents from October and November 2015 and what had been learned from them. Changes were made to reduce the risks of similar incidents happening again. In particular people at risk of skin damage and those living with diabetes. For example, care staff were clear about their responsibilities in reporting concerns to nursing staff and the actions to take if a person's glucose levels were different to expected.

All nursing and care staff told us about how lessons learned and feedback from external agencies had been used to make changes to better protect people's safety. Staff were aware of the changes and we saw that progress had been made to implement the changes. Staff had been reminded about the procedures during team meetings and through additional information in people's care plans. One nurse we spoke with said "Communication between care staff and nursing staff is better, it feels much more open now". Given the nature of the concerns raised and the systems put in place, the provider needed more time to embed the changes and demonstrate that the changes made had a positive impact and had been maintained and sustained to ensure the safety of people living at the home.

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. One person said, "I now consider this my home and I feel safe and secure". Relatives were confident their family members were kept free from the risk of harm. One relative said, "[Person's name] is made safe as there is always someone at hand".

Staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the manager. Staff said they would not leave a person if they suspected or saw something of concern.

Staff were also aware of people who may become anxious or upset others. Staff ensured the person or others remained safe and free from potential harm. For example, by offering an alternative area or by chatting with them until they were settled. Individual plans were in place to support people which showed staff possible ways to support people to reduce their anxiety.

People managed their risks with support from staff if needed. Nursing and care staff we spoke knew the type and level of assistance each person required. For example, where people required the aid of hoists or assistance with food and drinks. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the nurse in charge for action and review.

All people and relatives we spoke told us nursing and care staff were always around and attentive. One person said, "Always plenty of staff" and was never left waiting long for assistance. We saw that staff were able to spend time with residents and respond in an appropriate manner to them. For example, staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they wanted care staff.

We saw staff remained present and available for people in the communal areas, with only short periods where staff left to assist elsewhere in the home. One care staff told us that "Mostly, there are enough care staff to meet people's needs".

Nursing staff told us there were days where when an additional nurse on shift would benefit people. For example, if there was an increase in people's health needs or when they were giving people their medicines. The provider had responded by having an additional nurse based in the office during the week. The nurse said this had helped to relieve the "Busier times" and it was "Good to have another nurse to check on something and have a second opinion." The nursing staff told us the manager reviewed the staffing levels, and did this by involving people and staff to get their views and opinions.

Three people told us they were supported to take their medicines every day and one person said "You are given them at a specific time". Two people also said that if they needed additional medicines for pain management they were given on request. Nursing staff told us they followed the written guidance if a person required medicines 'when required'. We saw people were supported to take their medicine when they needed it. Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. Where people had continually refused their medicines, appropriate action had been taken. For example, advice sought from the GP to review the person's needs.

People's medicines records were checked daily by nursing staff to ensure people had their medicines as prescribed. Nursing staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked clinical area and unused medicines were recorded and disposed of.

Requires Improvement

Is the service effective?

Our findings

During the previous inspection on 14 January 2015 we found that the provider was not meeting the law in respect of obtaining and recording people's consent where they lacked capacity. The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found that although improvements were made, we still had concerns about how people's consent to care was obtained and recorded.

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.

We looked at two records where nursing staff told us people did not have capacity to make a decision. We found the correct procedure had not been followed. For example, a relative had signed consent forms for the use of bedrails. There were no records to indicate that those relatives had the legal authority to make the decisions. We also saw that a capacity assessment had been completed to cover three areas of a person's general care and welfare and had not related to specific decisions. In addition, where people did not have the capacity to make a specific decision no best interest decisions had been made or recorded. The nursing staff we spoke with felt their understanding was limited in this subject. The provider had offered training in this area to improve staffing knowledge, but not all staff had completed this training.

All care staff we spoke with understood people's right to choose or refuse treatment and would respect their rights. They told us any concerns over people's choice would be passed to nursing staff for assistance. However, the nurse in charge and the nurse shift lead were unclear on how to use a capacity assessment and the steps to take once the assessment had been completed. For example, one person was assessed as not having capacity for three areas of their care. However the form had not been completed correctly in making this decision. In addition where one person required a capacity assessment and a best interest decision this had not been completed. The provider had not yet found out who had an appointed Power of Attorney (POA) for health and financial decisions. Once this information is obtained the provider would then be able to act in accordance with the MCA.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The nurse in charge and the lead nurse told us that they had not submitted any DoLS applications. As people were potentially receiving care that restricted their liberty staff would benefit from having further knowledge in this area. It was not clear how staff had assessed or considered if people who used the service

were being restricted of their right to freedom.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.□

All people we spoke with said staff looked after them and relatives felt their family members' health needs were supported. For example, by understanding how to manage their condition and well-being. Care and nursing staff demonstrated that they understood the needs of people they supported and had responded accordingly. All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, they felt confident and knowledgeable in how to provide care for people who were unable to assist themselves. One nurse told us they were supported by additional courses and support from the manager and provider. They told us this made them confident to assist people with who required additional help, such as stoma care.

Care staff felt supported in their role and had regular meetings with the manager to talk about their role and responsibilities. This included talking about people's care needs. They also knew the provider who visited most days and felt comfortable to approach them. Care staff told us they had access to training when needed. For example, staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had achieved.

The nursing staff told us they were confident in medicine administration and providing care and treatment. Whilst there had been a lack of a clinical support this had recently commenced. The provider was in the process of recruiting a deputy manager as a clinical lead to support this further.

All people that we spoke with told us they enjoyed the food and were always offered three main meal options or a meal they requested. People also had the choice when they ate their main meal during the day. A dietician had been to see all people at home to provide them with a nutritional assessment, and nursing staff confirmed all people at the home had been assessed for nutritional needs. The cook told us they had also met directly with the dietician and talked about fortified diets and some additional food types that reduced the risk of chocking. For example use of skinless sausages and by encouraging people by offering smaller potions if needed.

People's food preferences and dietary needs were known by the cook and recorded. For example celiac, diabetes and glutton free diets were catered for. The cook provided examples of how each person's nutritional needs were considered. For example, checking person's blood sugar levels to determine the types of food that could be eaten. People were also supported to understand and join celebrations as the cook used posters to explain what the celebrations were about.

People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "The GP was called quickly when I had a chest infection". Other professionals had attended to support people with their care needs. For example, external nursing staff to help with wound management and prescription requests. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. Staff were able to tell us about people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

Is the service caring?

Our findings

All people we spoke with told us the staff were kind caring and attentive to them. One person told us, "Yes, staff care". They also told us they enjoyed living in the home and one person said, "They look after me". One relative we spoke with told us all staff were, "Very kind to him". All relatives told us the nursing and care staff were approachable and friendly with everyone. People told us their friends and relatives visited they were always welcomed by staff at the home.

The atmosphere in the two communal lounges was quiet, calm and we saw people had developed friendships with the staff. One person told that they, "Have a chat and giggle" with staff. People were comfortable with staff who responded with fondness. All three care staff told us they got to know people and what they were interested in by spending time chatting with them. One staff said, "I like to find out what happened in their lives". Where people were quiet care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us that they were able to tell the care staff about their care the care wanted daily. This included how much assistance they needed and where they wanted to spend their day. One person said, "I can ask without hesitation". One person told us they felt involved and were supported by staff in discussing their care and support options.

People told us they had their preferences and routines met. For example, the time they got up or their morning routines. One person said, "They always offer a choice of personal care". One relative said the care was right for their family member. Nursing and care staff frequently checked and asked if people required anything. For example, when a person may like a drink or some company.

Three care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person firsts. They said they respected people's everyday choices in the amount of assistance they may need. One person said, "They always ask before they do anything".

Two people told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. Two people felt that staff would offer encouragement and guidance when needed. Staff were aware that people's independence varied each day depending on how well people felt.

People received care and support from staff that were respectful. Two people we spoke with felt the level of privacy was good. One person said, "Staff always call me by my proper name" and told us this was very important to them. When staff were speaking with people they addressed them respectfully. One care staff explained that some people preferred a certain way of being addressed which respected their cultural. One relative said that care staff were good and that "[person's name] is always treated with dignity". Another relative said that their family member was always in a clean shirt and the was bed always clean as, "That's important to [person's name]".

Good

Is the service responsive?

Our findings

During the previous inspection on 14 January 2015 we found that this question required improvement. We found that improvements had been made in staff knowledge of peoples care needs and actions for staff to take if those needs changed.

Four people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. There were examples they provided that showed how they felt nursing and care staff had done this. One person said, "It's how I want it." This included, improving leg wounds, noticing ear infections and getting medicines to treat the condition and providing pain relief. One person said, "Anything wrong, they are spot on at recognising it". People's health matters were addressed either by nursing staff at the home or by referring to other professionals.

Two relatives told us they were confident that their family member's health was looked after by the staff and the nursing staff had the knowledge needed. One relative said, "[person's name] is getting what they need". Care staff also provided updates if there were any changes and one relative said staff were good at providing comfort to people if they were upset. Staff took time to talk with family members about how their relative had been.

Care staff told us they supported people and would record and report any changes in people's care needs to nursing staff. They were confident they were listened to and the nurses then followed up any concerns. People's needs were discussed when the nursing staffs' shift changed. The nurse leading the shift would share any changes and help manage and direct care staff. All staff we spoke with knew where people required skin care or diabetic care and the changes to look out for that may indicate a concern. Nursing staff told us they knew people well and were able to notice if people were unwell. Nursing staff held a diary, also appointments and reminders were available for all staff to refer if needed.

Two people we spoke with said they were not involved in the care plan documents, however they were confident they were involved overall in their care. The manager may consider how best to capture people's experience to show how their views and opinions were reviewed. We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

Three people we spoke told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that "I go out when I want, health permitting". One person told us they enjoyed completing crosswords, reading and watching television. Care staff supported people to change the television channel to see their preferred programmes. People could also choose to take part in group activities which some people enjoyed and took part in. For example, listening to religious music.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns.

Although people and relatives we spoke with were not aware of the providers complaint procedure they knew the manager. They said the manager always asked them how they were or if they wanted to talk about anything. However, they told us they were very content and had no issues to raise. We saw that two complaints had been recorded and responded to. Each complaint had been resolved to the person's satisfaction. The provider also said they, "Deal with it at the time". This reflected the views and opinions of the people, their relatives and staff.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection on 14 January 2015 we found that this question required improvement. We found that some improvements had been made to audits; however there was not a registered manager in post at the time of the inspection. In addition, providers are required to display the ratings of our last inspection which had not been done. These are both required to meet the regulations. The provider will need to ensure that an application to register the manger is submitted and the ratings from CQC inspections are displayed.

The provider had recently had received support from external agencies to enable them to evaluate and reflect on where improvements were required. The nurse in charge told us they were developing plans to improve the service. For example, looking at care plans to make them person centred in the way they are written. However, a plan of action had not been completed that prioritised improvements with dates for completion. They could not demonstrate how the service used best practice guidance to ensure that people's needs were met effectively. This needs to be in place to make improvements and the provider needs to identify an ongoing monitoring system to sustain any improvements made.

All people we spoke to felt involved with the manager and knew the provider. People and relatives also had the opportunity to raise or discuss aspects of the home at meetings the provider held. One person said the manager, "Speaks to me and asks about my care". One relative said, "You don't see the big gaffer very often, but [manager's name] is very nice." The provider had sent annual questionnaires to people to gain their views on the care provided. There was a high proportion of satisfaction with no concerns raised. However, no analysis or feedback had been completed to let people know the outcomes.

All care and nursing staff felt the manager was visible and supportive to ensure they provided a good service. They were committed to supporting the provider to improve the service. Care staff felt able to offer suggestions for improvements. They told us, "We are a good team that work well together". There were regular staff meetings which provided updates for staff and the opportunity for the manager to ensure staff were confident in caring for people. For example, minutes from these meeting showed that training, the use of pressure relieving cushions, importance of body mapping were discussed and checks made with nurses that actions had been taken. One care staff said, "Throughout the meeting the manager makes sure that each of us gets the chance to open our minds"

Audits were undertaken to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated. For example, the manager spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Resources and support from the provider were available and general maintenance to the home was in progress.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining the consent of service users who lacked capacity in relation to the care and treatment provided for them.