

Rushcliffe Care Limited

Castle Donington Nursing 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 ●

Summary of findings

Overall summary

Castle Donnington Nursing Home is a nursing home that provides care for up to 60 older people, many of whom are living with dementia. At the time of our inspection, there were 40 people living in the home. At the last inspection, in May 2015, the service was rated good. At this inspection we found that the service remained good.

People were safe and their relatives confirmed this. Staff understood their responsibilities to keep people safe from avoidable harm. There were a suitable number of staff and the provider had followed safe recruitment practices.

People received their medicines as prescribed by their doctor. People were supported to maintain their health and had access to health professionals.

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 treated with kindness and compassion. Dignity and respect for people was promoted. People were supported to make choices and their independence was promoted.

People's care needs had been assessed and were reviewed to make sure that they continued to receive the care they required.

The registered manager had sought feedback from people and their relatives about the service that they received. We saw that they had taken action based on this feedback. The provider's complaints procedure had been followed when a concern had been raised and people felt able to make a complaint if they needed to.

Staff felt supported. They were clear on their role and the expectations of them as they had received training and guidance.

The service was well-led and people and their relatives confirmed this. Systems were in place to monitor the quality of the service being provided and to drive improvement.

The registered manager was aware of their responsibility to report events that occurred within the service to Care Quality Commission and external agencies such as the local authority.

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.

<p>Is the service safe?</p> <p>The service remains Safe</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Effective</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Caring</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Responsive</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service is well-led</p> <p>People and their relatives felt that the service was well led..</p> <p>Staff felt supported by and were clear about their role and responsibilities.</p> <p>Systems were in place to monitor the quality of the service being provided and to drive improvement.</p> <p>The registered manager was aware of their legal responsibilities.</p>	<p>Good ●</p>

Castle Donington Nursing Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 27 April 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit the provider had completed a Provider Information Return. This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted a local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

As part of our inspection we observed staff and people's interactions and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions.

During our inspection visit we met and spoke with eight people who used the service and with four relatives. We spoke with seven members of staff including support staff, the cook, the registered manager and the area manager. We looked at the care records of five people who used the service, people's medicine records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

Following the inspection visit we spoke with a health professional who had regular contact with the service to gain their feedback.

Is the service safe?

Our findings

There were a sufficient number of staff to meet people's needs. One person told us, "Yes, they've got enough staff." People told us that they did not have to wait to receive the care that they needed. One person said, "Yes, press the buzzer and they come." Staff confirmed that they felt there were enough staff to provide the care that people needed. One staff member said, "Sometimes if we're really busy we could use another pair of hands but most of the time we're alright." The registered manager reviewed the staffing levels regularly and we found that the provider had followed their recruitment procedures. These made sure as far as possible that only people suited to work at the service were employed.

Staff understood how to keep people safe. They were aware of how to identify, report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies such as the local authority. They told us that they felt able to report any concerns. The registered manager reported concerns to the local authority for them to carry out investigations if required.

Risks associated with people's care were assessed and reviewed. They contained guidance for staff to help them to reduce the likelihood of avoidable harm. For example, where people were at risk of developing problems with their skin, there were clear instructions for staff to follow. Where people needed it there was equipment in place to help keep them safe. For example, to help people with their mobility needs. Accidents and incidents were recorded. There were systems in place to ensure that the right action was taken following an incident to prevent a reoccurrence.

Equipment was regularly checked and maintained to ensure it was safe for use. Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent avoidable harm. Where regular testing was required to prevent risk, such as water safety testing, these were recorded as having occurred within the required timescales. Where testing had identified a concern, action had been taken to address it promptly.

People could be assured that they would receive their medicines as prescribed by their doctor. We observed that the staff member administering medicines to people had a patient approach. They understood how people liked to take their medicines and offered them encouragement when needed. Medicines were stored securely. We saw that medicine administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN (as required) medicines there were protocols in place to guide staff. Where people required creams to keep their skin healthy, records were kept that demonstrated that these had been administered. Staff had received appropriate training before they were able to administer medicines to people. The practice of staff with regard to medicines administration was monitored to ensure that it continued to be safe.

Is the service effective?

Our findings

People were supported by staff who had the required skills and received training to meet their needs. Staff completed training that was relevant to the people they supported for example how to help them with their mobility. Some staff told us that they felt that they required more training on how to support people with dementia. The registered manager told us that this training need had been identified and staff were being booked onto courses. Staff received guidance and supervision and their competency in their role was regularly assessed and monitored to make sure they delivered good care.

People were asked for their consent before care was provided. We saw that people's capacity to consent to their care had been assessed where this was required. Where people lacked the capacity to consent to their care best interest decisions had been made. We asked the registered manager to make clearer in people's care records who had been involved in any decision made. They told us that they would. 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). We saw that the registered manager had made the relevant applications for DoLS authorisations where necessary.

People had access to healthcare professionals and their health care needs were met. One person said, "They come and see you, the chiropodist, the nurses come. We've got everything here." Another person said, "I just ask them when I want to see the doctor." People's care records confirmed that they received medical attention when they needed it and that staff took any necessary action to help people to remain healthy and well?.

People enjoyed the food that was provided. One person told us that the food was, "Excellent." They went on to say, "You are given a choice." Another person said, "Oh it's lovely yes, no complaints on that score." There was a choice available to people and their dietary and nutritional needs were met. Food appeared to be in good supply and was nutritious in content. Snacks and drinks were readily available to people throughout the day. People were offered opportunities to try out foods from around the world as part of an initiative introduced by the provider. Where it was needed people's food and fluid intake was monitored to ensure that they received enough.

Is the service caring?

Our findings

People told us that they were treated with kindness. One person said, "I think it's the staff, they're very kind and helpful." People's relatives agreed. One relative said, "I find the staff to be very conscientious, caring, professional and friendly." Throughout our inspection we observed that when staff spoke with people they did so in a gentle and caring manner. They had an understanding of what was important to people and treated them as individuals. We observed that staff provided care to people at a pace that suited them and were unhurried.

People were treated with dignity and respect. Staff demonstrated that they understood the importance of promoting people's dignity. A person's relative said, "They take the time to talk with the residents." One staff member said, "They're given choice, respect and dignity." We observed that people's privacy and dignity was respected. For example, staff knocked on people's doors before entering their room and made sure that people's clothing covered them appropriately when assisting them to move from one place to another with the use of equipment.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "You can do what you like, go where you like, go out." Another person said, "People do what they want, I think I'll go [to bed] then if I'm tired. I please myself." People's care plans guided staff to encourage people to make choices and promote their independence. If people needed it, they had access to an independent advocate. An advocate is a trained professional who can support people to speak up for themselves.

Is the service responsive?

Our findings

People received care that was based on their individual needs. A person told us, "Anything you want they'll do it." A person's relative said, "Staff cope with all the particular needs." Assessments had taken place and care plans were in place for staff to follow to ensure that people's needs were met. Care plans contained information about people's preferences and usual routines. This included some information about what was important to them, details of their life history and information about their hobbies and interests. Staff were guided to provide support to people in the way that they wanted in order to meet their care needs. Some people had been involved in the planning of their care and, where appropriate, their relatives had been asked to provide information that would support care planning. We saw that care plans were reviewed to ensure they contained up to date information with regard to people's care needs. Care plans were updated if people had any changes in their needs.

The provider had an equality and diversity policy and staff had received training to ensure that they were able to meet the requirements of the policy. The service's statement of purpose set out that people had the right to receive an anti-discriminatory service. We saw that some people's care plans made reference to their sexuality and any support needs that they may have had around expressing this. The registered manager told us that they were mindful of promoting a positive culture that promoted equality and diversity. They aimed to ensure that people's individual needs were identified and any support required was implemented.

People were supported to follow their interests and take part in activities. The service employed activity coordinators who provided people with opportunities to engage in activities on a group or one to one basis seven days per week. They told us that they planned activities based on people's interests. They said, "It just depends what the residents want."

People told us that they would feel comfortable making a complaint. One person said, "You can always mention things if you're not happy. I've got no complaints at all." We saw that the provider's complaints procedure was on display within the home. Where complaints had been received, they had been investigated and action taken to address the concerns was taken. Where necessary the provider had issued an apology.

People had been asked for feedback about the service that they received. People using the service and their relatives were invited to meetings where they were encouraged to offer feedback. During these meetings people's views were sought about the service. The provider had conducted satisfaction surveys with people using the service and their relatives. The results of the surveys were shared with people along with the actions that the provider intended to take following the feedback to make any required improvements.

Is the service well-led?

Our findings

People told us that the service was well-led. One person said, "They work well together, work as a team." People using the service and their relatives felt that the registered manager was approachable and any concerns they may have would be addressed. One relative said, "If I have any queries the office door is always open. Any queries I have had have been answered promptly."

Staff told us that they felt supported in their role. One staff member said, "I find [registered manager] really good." Another staff member said, "[Registered manager] will help us and she cares." Staff had opportunities to offer feedback about the service and to be part of changes that were implemented. Staff were recognised by the provider as being vital to the service delivery. There were schemes in place to celebrate staff's achievements and good practice. This gave staff a feeling of ownership and recognition for their hard work.

There were systems in place to review service delivery to ensure that it met people's needs. We saw that there were a range of audit systems in place to measure the quality of care delivered so that improvements could be made. These included medicines management, accidents and incidents and health and safety practice. These were effective in highlighting ways to improve the service. The registered manager conducted daily walk arounds and audits to check that people were receiving the care that they should be. We saw that they had taken action when audits had identified areas for improvement.

The service had a registered manager. 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. The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.