

Rutland Manor Limited

Rutland Manor 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 3 March 2017 and was unannounced. At our previous inspection on the 4 May 2016 the service was meeting the regulations however we asked the provider to make some improvements. This was because there were times during the day where additional staff support was needed to ensure people were supported in a timely way and supervised. Improvements were also needed to ensure informal complaints were addressed promptly and areas identified for improvement were addressed in a timely way. We saw that improvements had been made in these areas. At this inspection the service continued to meet the regulations that we checked but we identified that other improvements were needed.

Rutland Manor Nursing Home is registered to provide accommodation, personal care and nursing care for up to 41 older people including people living with dementia. There were 27 people using the service at the time of our inspection.

There was no 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. The previous registered manager had deregistered in November 2016 and a new manager was recruited. However they had recently stepped down and were employed as the clinical lead at the time of this inspection. The operations manager confirmed they were in the process of advertising the registered manager's post, in the interim the operations manager was overseeing the management of the service.

Some staff did not feel they were supported effectively or worked well as a team in meeting people's needs. Improvements were needed in the guidance for staff when supporting people who may demonstrate behaviours that put themselves or others at risk. Safeguarding procedures had not been followed consistently by the management team.

People felt safe and staff understood their role in protecting them from the risk of harm. People received their medicines at the right time and medicines were managed safely. People were supported by staff who had the knowledge and skills to provide safe care and support and there was sufficient staff available to meet their identified needs. Checks were carried out prior to staff starting work to ensure their suitability to work with people

People were supported to eat and drink what they liked according to their dietary needs and preferences. Where concerns were identified, people received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored and people received specialist health care intervention when this was needed.

Staff were kind and caring when supporting people and knew people's likes and dislikes. There were regular reviews of people's care to ensure it accurately reflected their needs.

People were supported to participate in social activities. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. The staff and management team made visitors feel welcome and were approachable.

Quality monitoring checks were completed by the provider and when needed action was taken to make improvements. The provider sought the opinions from people and their representatives to bring about changes. The provider understood their responsibilities around registration with us. People knew how to complain and we saw when complaints were made these were addressed.

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 not consistently safe.

Staff understood their responsibilities to keep people safe and protect them from harm but safeguarding procedures were not always followed by the management team. Improvements were needed to ensure clear guidance was in place for staff when supporting people who may demonstrate behaviours that put themselves or others at risk. People were supported to take their medicine as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Requires Improvement ●

Is the service effective?

The service was effective.

People were cared for by trained staff and were supported to make decisions. Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored so that action could be taken when needed. People were supported to maintain good health and to access healthcare services when they needed them.

Good ●

Is the service caring?

The service was caring

People were supported by staff in a kind and caring way and their privacy and dignity was respected. People were supported to maintain their independence and relationships that were important to them.

Good ●

Is the service responsive?

The service was responsive

Good ●

People were supported by staff who knew them well and understood their needs and preferences. People were supported to participate in social activities. The provider's complaints policy and the procedure were accessible to people who lived at the home and their representatives.

Is the service well-led?

The service was not consistently well led.

There was no registered manager and some staff did not feel supported by the management team. Staff reported that they did not work consistently as a team to ensure people's needs were always met. People and their relatives told us the management and staff team were approachable. People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. There were quality assurance checks in place to monitor and improve the service.

Requires Improvement ●

Rutland Manor 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 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 inspection visit took place on the 2 March 2017 and was unannounced. The inspection team consisted of one inspector 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service and two people's visitors, six members of care staff, the staff member supporting people's social needs, the clinical lead, the deputy manager, the regional manager and the operations manager. We did this to gain people's views about the care and to check that standards of care were being met.

Many of the people living at the home were not able to tell us in detail, about how they were cared for and

supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At our last inspection in May 2016 we asked the provider to make improvements to the staffing levels to ensure people received the support they needed throughout the day. At this inspection we saw that the staffing levels had been increased and people's individual needs were being met.

People confirmed that staff were available to them. One person invited us to their room and showed us the equipment they had in place to alert staff if they needed support. Another person told us, "When I press the buzzer staff come." Another person said, "Look there's staff everywhere, you only have to shout and they come, I can't fault them."

Staff were aware of the safeguarding policy and their responsibility in reporting concerns to the management team and we saw that this was done. However we could not always be sure the management team followed the safeguarding procedure and reported safeguarding concerns to the local authority. For example, we saw one disclosure had been reported to the manager in January 2017 this had been addressed internally. This should have been reported through the established safeguarding procedure process. We discussed this with the operations manager they advised that in future the correct procedure would be followed and confirmed they would contact the local authority safeguarding team regarding this.

People that were able to give us their views told us they felt safe with the staff that supported them. Comments included, "I feel safe there are a lot of people it's nice, it's safe". And, "Yes it's safe here there is a lot of space to walk around and the staff are just there." And 'yes it's alright its safe here they care for me." We saw the local authority safeguarding arrangements and the procedure to follow was displayed on the notice board in the reception area of the home. One relative told us, "I have seen that information and would use it if I needed to but I have never needed to do that."

The local authority had identified in recent visits that behaviour management plans were not in place to support people that demonstrated behaviours that put themselves or others at risk. We saw that plans had been put in place and generally reflected the support provided. However we did identify some areas that required improvement. For example, we saw that one person attempted to hit a member of staff during a care intervention. The staff member supported the person in a safe way by restricting the persons' movement. This was done by gently placing their hand on top of the persons hand and lowering their hand whilst speaking gently to them. We saw that this worked well and the person became calm. However the information in this person's care plan did not include this physical intervention. The deputy manager told us the person's care plan would be updated to ensure any physical intervention methods used were included.

Other behaviour management plans were detailed and guided staff on the behaviours a person may demonstrate and the procedure to follow to support them. The least restrictive measures were used to support people in a safe way whilst protecting their rights. For example, one person who received one to one support had a step by step plan in place to guide staff on how to support them when they became agitated. This included de-escalation techniques that the person responded to such as engaging them in

tasks or activities they enjoyed; supporting them to move into another area of the home to remove any visual or auditory stimulus that may be causing anxiety such as from other people. This person had been prescribed medicine if necessary for their anxiety. We saw that guidance was provided in relation to this medicine and it was only used when all other methods had been unsuccessful.

The staff knew about people's individual risks and any equipment they used to support people safely. We observed staff supporting people to move throughout the day using equipment and this was done in a safe way. The care plans demonstrated that risks to people's health and wellbeing were assessed. Risk assessments were in place in the care files seen and we saw that these were followed. We saw that equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

The provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The files seen had all the required documentation in place. This showed us that the registered manager and provider understood their legal responsibilities regarding safe staff recruitment.

Medicines were stored securely and were not accessible to people who were unauthorised to access them. All the records were electronic and identified the stock levels and a record of when medicine had been administered and if not, the reason why. Staff confirmed that only nurses administered people's medicines. We observed people being supported to take their medicine at lunch time and saw they were supported by the clinical lead. This was done in a considerate way and at the person's own pace. We saw that there was a protocol in place for nurses to administer medicines that were taken 'as required'. This provided nurses with clear guidance on when 'as required' medicines should be given.

Is the service effective?

Our findings

People we spoke with confirmed that they were happy with the support they received from staff. One person said, "The staff look after me very well." One relative told us, "I have confidence in the staff. They understand [name of person], they know what they like and don't like and look after them very well." Staff told us they received the training they needed to support people. One member of staff said, "My induction covered all the training and I am now doing my qualification in health and social care." Another member of staff told us, "I'm on induction at the moment. So far I have done fire training, moving and handling and safeguarding. I have a list of other training I need to complete. I worked with a senior carer at first until I got to know people and had completed my moving and handling training." We spoke to this member of staff about a person that used the service and the information they provided reflected what we read in the person's care plan regarding their needs and preferences and how to support them. This showed us that people were supported by staff that knew them well and had received training for their role.

Specific training had been identified to support people when they demonstrated behaviours that put themselves and others at risk. We saw that specialist training called Non Abusive Psychological and Physical Intervention (NAPPI) was being provided to all staff. Some staff had already received this training and other staff had this planned to complete. The operations manager confirmed that once all staff had been trained, people's behaviour management plans would be reviewed and where relevant they would include NAPPI techniques.

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 saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. Where people were unable to make decisions independently we saw that best interest plans were in place to guide staff. Staff confirmed they were provided with training to support their understanding around the Act. We saw that staff explained what they were doing and sought people's consent before they provided them with support. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw that staff gained people's verbal consent before assisting them with any care tasks. This demonstrated staff respected people's rights to make their own decisions when possible.

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. At the time of our inspection the deputy manager confirmed that applications had been made to the Supervisory Body for everyone that used the service. This ensured that where people were being

restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food. One person said, "The food we have is hot you get a choice, I can eat what I want there is nothing I don't like. I go to talk to the chef from time to time." Another person said, "The food is alright. It's nice and hot you get a lot of choice." We observed the lunch time meal. Tables were laid with table cloths and condiments were available at each table. We saw staff supporting people with condiments where needed. People were offered a choice of meal. To help people make their choice of what they wanted to eat the staff showed them plated up samples from the menu. Where people declined both choices alternatives were offered. Both visitors we spoke with confirmed their relatives enjoyed the meals. One said, "[Name of person] loves the food, they are always eating I have seen them when they are eating their dinner and they always clear their plate." We saw that a range of snacks and drinks were offered throughout the day to ensure people ate and drank sufficient amounts to maintain their dietary needs.

Where people required special diets we saw this information was provided to the kitchen staff. Staff we spoke with were clear on people's dietary needs and we saw that people were provided with a diet that met their needs. The care plans we looked at included an assessment of people's nutritional risks, these provided clear instructions to staff on how to support people. For example, we saw that one person had been assessed by a dietician who had provided staff with information which they were following to support this person's dietary needs.

We saw that people's health care needs were monitored and referrals were made to the appropriate health care professionals when needed. Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One relative told us, "The staff are very good if [name of person] has any falls or there are any concerns they let me know straight away."

Is the service caring?

Our findings

People and their visitors told us they liked the staff. One person said, "The staff know me and they treat me well." Another person told us, "All the staff are approachable and helpful." We observed a positive and caring relationship between people and the staff supporting them. For example, during the lunchtime one person became upset and we saw how the staff comforted the person.

Staff demonstrated a good understanding of people's needs and the level of support they required. For example, one person was provided with one to one support and we saw this was provided in a way that didn't impact on their ability to move around the home freely. Some people preferred to spend some of their time in their room and the staff respected their decision to do this.

People and their relatives confirmed that they were involved in reviews of their care. One relative told us, "I am fully involved in any meetings and they contact me if there are any changes needed in [name of person]'s care."

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. When people were supported to transfer using equipment we saw the staff ensured they were covered to promote their dignity.

We saw that people were supported to maintain as much independence as possible, for example, we saw that aids were used to support people to eat and drink independently, such as plate guards. Plate guards assist with food collection and help to avoid any spillages.

People were supported to celebrate their lives and maintain their sense of self-worth. Special occasions were celebrated. One relative told us, "The staff baked a cake for my relative's birthday which was nice and they put a buffet on for our family when we celebrated our wedding anniversary."

Relatives told us there were no restrictions on visiting. We saw that visitors were offered drinks and biscuits on arrival and made to feel welcome. One relative told us, "I visit at different times of the day and on different days. The staff always make me feel welcome." This demonstrated that people were supported to maintain contact with people that were important to them.

Is the service responsive?

Our findings

At our last inspection in May 2016 we asked the provider to make improvements in relation to informal complaints being addressed. We saw these improvements had had been made and these had been responded to. For example, one relative complained about a bottle of perfume belonging to their relative that was missing. We saw that this was investigated and the relative was refunded the money for this perfume by the provider. The provider's complaints policy was accessible and people were encouraged to express their opinion about the service. We saw that records were kept of written complaints received and these had been responded to and addressed.

People confirmed that the support they received from staff met their individual needs. One person told us, "I like a shower and it's normally someone I know that helps me." The member of staff that supported this person told us, "We assist them with a shave, I prompt [name of person] and they then do it themselves and I help with the showering." A relative told us, "[Name of person]'s room is always clean and they are showered by female staff. They have their hair done in the salon and they have a chiropodist who visits, they seem very happy here." We saw from our observations that staff knew people well. Staff we spoke with also confirmed this. One said, "The residents are like your family I like being with them." Another staff member told us, "I know the interests of the residents, I have been here a few years and I really love my job, I absolutely love it."

People's care records showed that pre admission assessments had been completed before they began using the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. Information in people's daily records were up to date and fully completed.

The operations manager confirmed that a full time post for an activities coordinator was being advertised. At the time of this inspection a member of staff was employed to spend one to one time with people to provide social stimulation. They told us, "I provide care and I mingle. I talk and listen; we go in the garden and play garden games." We saw this person spent time chatting with people. Each day a newsletter produced by the provider called the Daily Sparkle was available to people. We saw the staff member sitting with people reading through the Daily Sparkle which included puzzles and pictures that reflected the history of years gone by. We saw that some people were supported to participate in art and craft activities. People were also supported by staff to go out for a walk in the garden. For example, one person wanted to go out and feed the birds and a staff member supported them to do this. Another person told us they often went for a walk in the garden and they were accompanied by a member of staff to the local pub to meet up with their family. External entertainment was also provided to people. One member of staff told us, "We have a band that come in monthly and we dance to the music, the residents love it."

Is the service well-led?

Our findings

At our last inspection in May 2016 we asked the provider to make improvements to ensure all incidents were reported. We saw that improvements had been made and incidents were being logged to ensure people's behaviours were monitored and the appropriate level of support was provided to meet their needs.

At our last inspection in May 2016 systems were in place to monitor the quality of the service but where improvements had been identified with infection control practices these were not addressed in a timely way. At this inspection we saw that improvements had been made. The deputy manager confirmed that a recent external infection control audit had taken place from the community infection control team. The deputy manager confirmed they had taken action to address the areas identified at this audit.

Although staff confirmed and we saw that they were provided with supervision every two months we received mixed views from staff regarding the current management support. Some staff told us they felt unsupported and told us they did not feel listened to. One staff member told us, "Some of the staff aren't team players and we have brought this up in a team meeting but nothing changes". Other staff told us that team working required improvement. One member of staff said, "It depends who you're working with. Some staff work well together others don't. Some staff will walk past a resident that need their clothes changing because they're not allocated to that person on that day." During our visit we did not observe this happening, however it is concerning that staff may behave in this way as it would impact on the support people receive. We fed this and other information regarding staff support back to the operations manager for them to address.

There was no registered manager in post. The previous registered manager had deregistered in November 2016. Since this time a new manager had been recruited but had recently stepped down from the manager's position and was in post as the clinical lead at the time of the inspection. The operations manager confirmed that the manager's post had been advertised and they were currently overseeing the management of the home with support from the deputy manager and clinical lead.

Visitors we spoke with were unaware that the previous manager had stepped down as they referred to them as the manager. All visitors confirmed the person they believed to be the manager was approachable along with the deputy manager and told us the home was managed well. One person remarked how friendly the manager was and said could they could see her in the office if they had a concern or query. They told us that all the staff made them welcome. We saw information was posted on the notice board for relatives from the previous manager who had stepped down. This informed people that her door was always open for anyone who wanted to speak to her. This demonstrated to us that the provider had not ensured the recent management changes were clear to people.

A monthly audit schedule was undertaken to check that people received the care they needed. These audits included care plan reviews, medicine management audits and health and safety audits. We saw that accidents and incidents were analysed to identify any patterns or trends. We saw that when a pattern was

identified action had been taken to minimise the risks of a re-occurrence. For example it had been identified that one person who received one to one support required a specific staff group to support them due to the behaviours they demonstrated. We saw this was in place to reduce the risk of incidents.

We saw that people were given the opportunity to express their views regarding the running of the home. This was done through satisfaction questionnaires, which were sent out to people who used the service and their relatives. We saw that questionnaires had been sent out in October and December 2016, however none were returned. Meetings for relatives were organised on a regular basis, although the attendance at these meetings was low with only one relative attending the last meeting which was held the week before our visit. However relatives we spoke with did confirm they were involved in care reviews and confirmed if they had any questions or concerns they would speak to a member of the management team. Some staff told us they felt supported by the management team and found supervision sessions helpful in their role. One staff member said, "I find them really useful to discuss any issues and talk about any training I need or is due."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website. The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.