

Serene Care Ltd

Rugby Care Centre

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

About the service

Rugby Care Centre is a care home providing personal care and accommodation for up to 29 adults living with dementia. The care home is a two-storey building with some en-suite bedrooms and communal facilities. At the time of our inspection visit there were 25 people receiving care.

People's experience of using this service

The provider and registered manager were open and honest and worked in partnership with outside agencies. They were committed to making improvements to the service. Checks took place to ensure good standards of care were maintained. However, some environmental risks had not been identified.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff felt supported and valued by senior staff. Staff had training to meet people's needs and the provider and registered manager shared guidance with staff about how to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and their independence was promoted wherever possible. People were encouraged to take part in activities which interested them and which improved their wellbeing.

People and their relatives were involved in planning care in their best interests. People and their families understood how to complain if they wanted to.

Rating at last inspection and update

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report published 06 September 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rugby Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

There was one inspector.

Service and service type

Rugby Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and three relatives, about their experience of the care provided. We spoke with nine members of staff including the registered manager, the provider, a director, the deputy manager, a team leader, two care assistants, a cook and a laundry assistant. We also spoke with

a health care professional about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors. We observed care and support in communal areas. We 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 reviewed a range of records, including four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We received further information from the provider to evidence the quality of the service. We received written comments from a relative and a health care professional about their experiences of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Radiators in some communal areas were very hot to touch. The provider and the registered manager took action straight away and completed improvement works following our visit, to protect people's safety.
- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them.
- The provider had been awarded an accreditation from the local clinical commissioning group for their work in ensuring people were free from pressure areas.
- The provider had acted to minimise risks related to emergencies and unexpected events.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place.

Preventing and controlling infection

- Most of the home was clean and tidy, however some areas of the home were not clean. Part of the ground floor communal wet room's flooring was in poor repair and the shower drain cover was missing. This meant the wet room floor could not be hygienically cleaned. The floor of the laundry behind the machines was thick with dust. The provider took action straight away and completed improvement works following our visit, to protect people's safety. The provider also improved cleaning schedules and put in place a new environmental risk assessment, to reduce the risk of similar issues happening in future.
- People were positive about the general cleanliness of the home. One person commented, 'Everything is always sanitised and clean.'
- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.
- Care staff knew about maintaining good hygiene standards. One member of staff explained how they maintained standards in the kitchen and explained they had recently been awarded the highest food hygiene rating by the local authority.

Using medicines safely

- People told us they received their medicine when they needed it.
- One person's medicine had not been dated when opened by staff in line with current guidance. However, the medicine was not out of date and was still effective. The provider took immediate action during our inspection, to ensure all medicines had been dated where required, to protect people's safety.
- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked by senior staff for any mistakes.

- Medicines were disposed of safely. The provider had been working alongside the local clinical commissioning group to ensure medicine wastage was minimised.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "I feel safe with them (staff)."
- Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff explained what action they would take if they felt someone was at risk.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities.

Staffing and recruitment

- People told us and we observed, there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Learning lessons when things go wrong

- The registered manager and provider displayed a commitment to learning where things had gone wrong. They took action straight away during and after our visit to make improvements to the service and to their quality assurance checks to reduce the risks to people. The provider told us, "We take feedback very seriously...the safety of our residents is of the utmost importance."
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe. Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.
- Monthly analysis of events which called into question people's safety took place, to monitor for trends and actions were taken to ensure risks were reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Protected characteristics under the Equality Act 2010 were considered during the assessment of people's needs. For example, people were asked about any religious or cultural needs they had. The registered manager told us people's needs were reviewed regularly taking into consideration any information obtained following people's initial assessments.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training. New staff had worked with existing and experienced staff members to gain an understanding of their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about the standard of the training they received. They told us they could request additional training and support if they felt they needed it.
- Staff received training tailored to meet people's individual needs, such as dementia and falls prevention. The provider told us they worked closely with the commissioners of their service to develop staff knowledge. The provider had been accredited by their local clinical commissioning group for taking part in infection control training for staff.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and drinks offered. A relative told us, "[Name] is maintaining their weight, they love the food."
- People were offered a choice of drinks and snacks during our visit. People told us they could ask for things they wanted to eat or drink at any time.
- People received the support they needed to eat and drink at mealtimes. People chose where they ate according to their preferences. However, some people were seated in the dining room for over 40 minutes before their lunch was served. We discussed this with the provider and registered manager and they gave us their assurance meal times would be monitored more closely to reduce the risk of this happening in future.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their health. A member of staff explained how they supported one person with their specialist diet to ensure

their wellbeing was maintained.

- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals gave positive feedback and told us staff made appropriate and timely referrals.
- Where a need was identified, people were referred to other healthcare professionals such as their GP and speech and language therapists, for further advice about how risks to their health could be reduced.
- The provider worked with the local clinical commissioning group to provide 'moving on beds,' to enable people to leave hospital more quickly and regain their independence in a supported environment, before returning home.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions. Staff supported people to make decisions in their best interest, however, decisions were not recorded and it was not clear how decisions had been reached. We discussed this with the provider and registered manager and they took action straight away to improve their recording process.
- Staff told us how they obtained people's consent and supported people to make daily decisions in their best interest. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this gave them choice and control over their lives. They said, "I gauge people's understanding by their body language."

Adapting service, design, decoration to meet people's needs

- The service met the needs of people who lived there. There were a number of communal areas and hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. The upper floor was accessible by a lift or stairs. There was a communal garden where people could spend time if they wished. A relative told us, "The care is great. [Name] likes that it's always warm and really accessible for people in wheelchairs."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff cared about them, valued them as individuals and made them feel included. One person told us, "There's always staff here to talk to." A relative said, "Staff are extremely patient, very caring, they talk to [Name] and help them."
- Healthcare professionals gave positive feedback and told us staff were friendly and knew people well. One commented, 'I have always been impressed with the care my patients have received.'
- Staff enjoyed their role in supporting people to ensure they had the best life possible. There were caring interactions between staff and people who used the service. For example, when one person displayed signs of anxiety, staff gently reassured them until they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves.

Supporting people to express their views and be involved in making decisions about their care

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate. A member of staff told us, "I make sure people have a choice, I treat them like my family."
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred to assist them with their personal care routines and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A healthcare professional explained staff helped people to a private place before they were supported with their health needs.
- Staff explained how they encouraged people as much as possible with everyday tasks, such as dressing themselves, to help maintain their skills and their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to people's needs. A relative commented they had a great respect for the carers, 'They're angels that work together really well.' Another relative explained how helpful and supportive the staff and the registered manager had been when their family member first came to live at the home.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. One member of staff told us, "We are told straight away at handover if there's a change in someone's needs."
- Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health. People's preferences were recorded and staff had good knowledge of these.
- Each care plan included a 'resident knowledge' document, which was easily accessible for staff and highlighted important information, such as allergies.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly. A relative told us, "We have good contact with staff if there's a problem and we feel involved in decisions."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people to understand information in a way that met their individual needs. For example, staff explained people had been supported to make books containing pictures of things which were important to them. Staff encouraged people to look at the books. There was other information accessible in the home which contained pictures, such as the menu. People told us this helped them understand the choice of food and drink available.
- People's communication needs were recorded in their care plans. The provider told us if people needed information in particular formats, they would ensure these were made available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff in groups and on a one to one basis, to engage in daily activities. People were enthusiastic about the activities. A relative told us, "[Name] loves the activities."
- A healthcare professional commented, 'When I attend the home, there is always entertainment going on

in the lounge and the staff are interacting with the clients.'

- People took part in a wide variety of different activities based on their individual needs and preferences. There were planned activities within the home, these included visiting entertainers, church services and local schools. Some activities were based in the local community, such as visiting the theatre. Visitors included an external befriending organisation who spent time with people to reduce any feelings of isolation. There was a cinema screen and a shop people could purchase items from in a communal area. There was a sensory room and a quiet area to help people relax.
- The provider was committed to improving people's wellbeing. They evaluated each activity with the activities coordinator, to identify if activities met people's needs.
- The provider explained they made use of electronic devices to support people's interests and avoid isolation. For example, they supported people to play memory enhancing games on tablet devices. There was a projector in a communal lounge which helped to stimulate people with dementia and improved their wellbeing.
- People were encouraged to remain in contact with people who were important to them. For example, one person used a computer application to keep in video contact with relatives abroad.

Improving care quality in response to complaints or concerns

- Two complaints had been made in the last 12 months. The complaints had been dealt with according to the provider's policy and resolved to the complainant's satisfaction.
- People told us they could raise concerns without feeling they would be discriminated against.
- The provider's complaints procedure was accessible to people in a communal area.
- There was evidence of compliments from relatives and healthcare professionals. Many of these had been received via an online review website.

End of life care and support

- Care staff were trained to support people at the end of their lives. The registered manager explained how care staff worked alongside other organisations, such as community nurses, to provide responsive end of life care. They explained how committed staff were and sometimes stayed after their shift ended to provide companionship. The registered manager explained how they supported staff who cared for people at the end of their lives and told us there was always a senior member of staff available to support care staff.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans and medicine records. The provider recognised some improvements were required to quality checks in the environment and we saw steps being taken to make these improvements during the inspection. The provider was passionate about the service they provided and were dedicated to making improvements. They commented they would keep refining their quality assurance processes and noted, 'We are always learning and finding ways to improve the service.'
- The provider demonstrated their commitment to improving care. They explained how they used feedback to improve both their services. For example, if a lesson was learnt following an event at one service, they shared their learning to improve their other service.
- Best practice was shared with staff to help improve the service. Senior staff obtained advice and support from external agencies, for example, the CQC. They met with local authority and health commissioners and community healthcare professionals, to obtain updates and share new ideas to improve people's experience of care.
- Staff told us communication was good within the service and they were encouraged to suggest improvements and share information during staff meetings. A member of staff told us, "We talk about if we have any suggestions for improvements for the residents and the manager tells us about new things." All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Staff explained they shared information about people's changing needs during daily shift handovers. Information was shared electronically with the provider at each shift change and staff were able to contact the provider out of hours if they had any concerns.
- The provider explained how staff used electronic systems to share information with each other in 'real time', so they could monitor any changes in people's needs on a daily basis and put things in place to improve people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the leadership of the service. A relative said, "The manager is great, I can always come and talk to them." Staff told us they felt supported by each other and by the registered manager. Staff told us, "We have a good staff team" and "Senior staff are approachable, we can talk to them." A healthcare professional commented, 'The managers, have a good knowledge of the patient's

needs and have realistic expectations of what they can and cannot achieve on their own.'

- Staff told us they felt supported by the registered manager and the provider. The provider explained there was a monthly achievement award given to staff to recognise their contribution to the service to ensure they felt valued.

How the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the new general data protection regulations.
- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey was completed in October 2019 and there had been six mainly positive responses from people living at the home. A staff survey had also been collated using 12 responses. The results had been shared with people in a way that was easy to understand and highlighted areas for improvement. For example, people had commented they wanted better activities. In response, the provider had employed an activities coordinator to support people better with their interests.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.
- A regular newsletter was produced which was easy to understand and contained pictures and items of interest for people living at the home and their relatives.