

Rutland House Care Home Limited

Rutland House Care Home

Inspection report

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Date of inspection visit:
28 June 2023

Date of publication:
27 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rutland House Care Home is a residential care home providing personal care to up to 20 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found

The provider was not working within the principles of the Mental Capacity Act. They had not obtained legal authorisations to deprive people of their liberty, where required. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service at the time of this inspection did not support this practice.

Risks to people's safety were not always managed well. One person had recently started using the service, but the provider had not assessed risks to their safety and wellbeing at the service. This meant there were no risk management plans for staff to follow, to reduce the risk of injury or harm to the person and/or to others. However, staff had been provided information about risks to other people's safety and wellbeing. They understood these risks well and what action they should take to help keep people safe.

The provider's governance systems were not entirely effective, because the provider had not identified and taken action to address the issues above through their own audits and checks. We also found some records were out of date or incomplete because some information about people's medicines was out of date, some staff files were missing key information about recruitment decisions, and some records relating to the servicing and maintenance of systems and equipment did not contain current information.

The provider took responsibility for the issues we found and responded immediately after the inspection to make improvements that were required. This included submitting applications to deprive people of their liberty to the appropriate authority and putting risk management plans in place for the person that recently moved in.

Staff had been trained to safeguard people from abuse and understood when and how to report safeguarding concerns to the appropriate authority.

There were enough staff to support people and meet their needs. Recruitment and criminal records checks were undertaken on staff to make sure they were suitable to support people. The provider was taking action after this inspection to make sure decisions to employ staff, before all the relevant checks had been completed, were suitably risk assessed and documented.

Health and safety checks were carried out of the premises and equipment to make sure they were safe. The service was clean and hygienic because staff followed current infection control and hygiene practice, to

reduce the risk of infection. People's relatives and friends were free to visit without any unnecessary restrictions.

Medicines were managed safely, and people took their medicines as prescribed. The provider was taking action after this inspection to make sure guidance for 'as required' medicines was reviewed, in a timely way, in line with their own policy.

People were satisfied with the care and support they received from staff. People's feedback indicated staff were kind, caring and they treated people well.

People and staff spoke positively about the management of the service. The registered manager was experienced and understood how people's needs should be met. Staff felt valued and well supported by the management team at the service.

There were systems in place to obtain feedback from people, staff and others about how the service could be improved. Accidents, incidents and complaints were fully investigated, and people involved and informed of the outcome. Lessons learnt were shared with staff to help them improve the safety and quality of care and support provided.

The provider worked with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

Rating at last inspection and update

The last rating for this service was good (published 14 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rutland House Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 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.

Service and service type

Rutland House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rutland House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people using the service, 3 relatives and a visitor to the home. We asked them for their feedback about the service. We observed interactions between people and staff to understand people's experiences. We also spoke with the registered manager, 2 care support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records, medicines stock and administration records (MARs), 3 staff recruitment files and other records relating to the management 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 our last inspection we rated this key question good. At this inspection, the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider was not working within the principles of the MCA.
- The majority of people using the service lacked mental capacity to make specific decisions and needed close supervision and monitoring when being supported by staff. However, we saw for 4 people, the provider had not submitted the necessary applications to request the authorisation to do this through the DoLS procedures. This meant legal authorisations were not in place to lawfully deprive people of their liberty where this was required.

The provider was depriving people of their liberty for the purpose of receiving care and treatment without lawful authority. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The nominated individual told us they had submitted the necessary applications to the appropriate body to ensure the proper legal authorisations were obtained for people.

- The provider did have systems in place to assess and record people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff told us they sought people's consent before providing any care and support and offered people choice, to help them make decisions.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always managed well. One person had recently started using the service and their care records indicated, due to their current healthcare conditions, they could become distressed and anxious which might result in incidents that could cause injury to them and/or to others. However, the provider had not yet undertaken a formal assessment of risks to the person's safety and wellbeing at the service. This meant there were no formal plans or guidance for staff to follow, about how any risks to the person would be managed, to reduce the risk of injury or harm to them and/or to others.

The provider had not made sure that risks to the person's safety had been assessed and mitigated. This placed them and/or others at risk of injury or harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The nominated individual told us risk assessments had been completed for the person and plans were now in place to help staff manage and reduce risks to the safety of the person and to others.

- Other people's records contained information about identified risks to their safety and wellbeing and the measures staff should take to manage these risks and keep people safe.
- Staff were vigilant when people were moving around the service or undertaking activities and made sure people remained safe. For example, we saw when a person got up from their chair in the lounge, staff made sure they had their walking frame to hand, to support them to move safely. A relative told us staff were attentive to their family member's needs, "including in the night-time."
- Staff understood safety risks to people and gave us examples of the action they took to support people to stay safe.
- Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances.

Staffing and recruitment

- The service, overall, operated safe recruitment practices. Checks were undertaken on staff that applied to work at the service to make sure only those suitable were employed to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We noted the provider had not yet been able to obtain 2 or more references for 3 staff members that had recently started work at the service. Staff files contained only basic information for the reasons why and how any risk to people would be mitigated.
- We discussed this with the nominated individual who told us the action they had taken to seek assurances that the 3 staff members were suitable to support people and how risk to people had been mitigated. During this inspection we observed 2 of the 3 staff at work and people's feedback about the care and support they provided was wholly positive.
- The nominated individual responded immediately after the inspection and confirmed staff files had now been updated to include more detailed information about how safety risks to people would be managed.
- There were enough staff to support people. Staff were present and available to provide support and assistance to people when this was needed.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's records contained current information for staff about their medicines and how they should be supported to take these.
- We noted guidance on 2 people's records about their 'as required' medicines (PRNs) had not been reviewed within the provider's own stated timescales. This increased the risk for these people of not receiving these medicines in a timely and appropriate way. The nominated individual responded immediately after the inspection and told us this guidance had been reviewed and was now current.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored in a safe and appropriate way.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. People's feedback confirmed this.
- People appeared comfortable with the staff team supporting them.
- Staff had received relevant training to help them take appropriate action to safeguard people from abuse. Staff understood the signs to look for that might indicate abuse and how and when to report concerns to the appropriate person or authority. A staff member told us, "If I thought someone was being abused, I would tell the manager."
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements at this service were in line with government guidance. There were no unnecessary restrictions on friends and relatives visiting people at the service.

Learning lessons when things go wrong

- The provider managed accidents and incidents at the service well. There were systems in place for staff to report and record accidents and incidents.
- The provider investigated accidents and incidents and took the necessary action to reduce the risk of these reoccurring. They also reviewed accidents and incidents at the service monthly to check for any trends or themes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Provider oversight and governance processes at the service had not always been effective.
- The provider's audits and checks of the service had failed to identify and address issues we found at this inspection relating to DoLS applications and the lack of risk assessments and risk management plans for a person using the service.
- Not all records were up to date and accurate. Some records maintained by the provider about people's medicines were out of date. Some staff files were missing key information about recruitment decisions and how safety risks to people would be mitigated. Records maintained about servicing and maintenance of systems and equipment did not contain current information when we first reviewed these. However up to date information was later provided during the inspection by the nominated individual.
- We discussed the issues we found during the inspection with the nominated individual. They took full responsibility for the shortfalls found and told us the reasons why this had happened. The nominated individual gave us assurances that immediate action would be taken to make the required improvements.

Despite the assurances provided, the issues we found meant the provider's oversight of the service and governance processes had not always been effective. This put people at risk of receiving unsafe and poor quality care which put them at risk of harm. This was a breach of Regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They told us DoLS applications had been submitted to the appropriate authority for 4 people, risk management plans were in place for the person who had recently moved in, staff files had been updated to include information about recruitment decisions and management of safety risks, medication records had been reviewed and updated and audit processes for checks of records had been updated to make these more robust.

- The registered manager and nominated individual had a clear understanding of people's needs. They worked closely together on a day to day basis and encouraged and supported staff to deliver high quality care to people. A relative told us the communication from the service was good and said the registered manager was, "lovely, warm and welcoming." A staff member told us, "The managers are seriously good managers. They care for people. If they see anything wrong, they will take action. They are always talking to residents."
- The registered manager understood their role and responsibility to comply with regulatory and legislative

requirements.

- Staff had clearly defined roles, responsibilities, and duties. They worked well together and were focused on meeting people's needs and helping them to achieve positive outcomes in relation to their care and support. A staff member told us, "I think it's a good place for people to live because the staff team are caring, and we are all dedicated. We stay on top of people's healthcare needs as much as possible." Another staff member said, "Good teamwork here and the staff are really good."
- People's feedback confirmed they were satisfied with the care and support provided by the service. One person told us the service was "very nice" and the staff were "very, very, kind" and "do anything you ask." A relative said they "couldn't fault the home" and that their family member "is so happy" at the service. Another relative told us they were "so happy [family member] is here" and said the "staff care."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and nominated individual encouraged and supported the staff team to put the needs and wishes of people first and foremost when providing care.
- Staff told us they felt valued and well supported. A staff member told us, "They are good managers. They are lovely. They support us. I have learnt a lot from them, and we have done lots of training."
- The provider made sure relatives received regular updates about their family members. We observed the registered manager throughout the inspection speaking with relatives at the service and on the phone providing information about people in a kind, caring and respectful manner.
- The provider had arrangements in place to seek people's feedback and views about the service. At the time of the inspection the nominated individual was due to send a satisfaction survey to people and relatives and hoped to gain feedback about people's current experiences and what they would like improved at the service.
- Staff were provided opportunities to give their feedback about how the service could be improved for people. A staff member told us, "We have team meetings when there are changes so we can share information with all the staff team. After the last meeting we decided to give ice creams and more water (to people) due to the hot weather."

Continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; working in partnership with others

- The provider had systems in place to investigate accidents, incidents, and complaints and to make sure people would be involved and informed of the outcome. A relative told us how the nominated individual had taken responsibility for fully investigating and resolving a concern they had raised, which they had found reassuring.
- Lessons learnt from accidents and incidents and complaints was shared with staff to help them improve the quality and safety of the support they provided.
- The provider understood their responsibility to provide honest information and suitable support and to apply duty of candour where appropriate.
- The provider worked in partnership with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and help them achieve positive outcomes.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving care and treatment; and doing all that is reasonably practicable to mitigate any such risks.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider was not meeting the requirements of The Mental Capacity Act 2005 (MCA). They were placing restrictions on people at the service without the necessary legal authorisation to do so.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the services</p>

provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.