

Rutland House Community Trust Limited

# Rutland House Community Trust

## Inspection report

6A High Street  
Oakham  
Leicestershire  
LE15 6AL

Date of inspection visit:  
04 February 2020  
06 February 2020  
07 February 2020

Date of publication:  
02 March 2020

## 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

Rutland House Community Trust is a domiciliary care service registered to provide personal care to young adults and older people with a learning disability or autism, a physical disability, sensory impairment or dementia. People were supported in their own homes. Nine people were receiving personal care at the time of the inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Quality assurance systems and processes enabled the registered manager to identify areas for improvement. We have made a recommendation about reviewing audits. The service regularly sought feedback from people about their care experience to ensure any issues were promptly addressed.

The registered manager was passionate about providing person-centred care. They knew people well as they were involved in care delivery. A relative said of the registered manager, "You couldn't wish for anyone better, she's absolutely very wonderful. If you leave a message she always calls back and is always pleasant and approachable."

People received care from staff that were kind, caring and compassionate. Staff ensured people's health, emotional and social wellbeing needs were met. People and staff had built positive relationships together and enjoyed spending time in each other's company. People's diversity was respected and embraced. Staff were open to people of all faiths and beliefs and people's privacy and dignity was respected.

The service supported people to express their views, preferences, wishes and choices. Staff took time to find out about people's hobbies and interests and supported them to engage in these, while promoting people's independence.

The service was flexible and responsive to people's individual needs and preferences. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and to attend healthcare appointments as needed.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care and received training relevant to people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (Published 07 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe 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 ●

# Rutland House Community Trust

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Some people receiving care from Rutland House Community Trust lived in the same house. People's housing was provided under separate contractual agreements. This inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure people and staff would be available to speak with us.

Inspection activity started on 4 February 2020 and ended on 7 February 2020. We visited the office location and people on 4 February 2020 and made calls to relatives and staff on the 6 and 7 February 2020.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan our inspection.

### During the inspection

We spoke with four people and two relatives about their experience of the care provided. We also received feedback electronically from one relative.

Some people we spoke with had limited communication abilities. We spent time observing interactions between staff and five people to help us understand the experience of people who could not talk fully with us. We spoke with four members of staff including the registered manager, care staff and senior care staff.

We reviewed a range of records. This included two people's care records and one medicine record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and accident and incident records were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received copies of meeting minutes, surveys, policies and training data.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe receiving care from the service. One person said, "They [staff] look after me right and keep me safe from intruders. I feel safe, yes." Another person said, "If I had worries I would speak to my keyworker. They would sort it." A relative said, "I have absolute confidence with staff, I absolutely trust them."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. One staff member said, "All staff can phone the [safeguarding team]. The numbers are listed on a board, or they can phone the senior, registered manager or on-call who would report it."

Assessing risk, safety monitoring and management

- Risks to people's safety were minimised. Risk assessments were personal to people's individual needs and staff had a comprehensive knowledge of these.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave their homes safely in the event of an emergency. These were up to date and reflective of people's current needs. A relative told us, "Staff did work with [name] so they knew what to do if the alarm goes off in an emergency."
- The service supported people to use technology to make sure people lived with as few restrictions as possible. For example, automatic lights, voice monitors, call bells and door pagers to alert staff if people left their home at night so they could check they were safe.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were attentive to their needs. One person said, "I call them [staff] if I need them. They come quick." A staff member said, "Staffing is more than enough."
- Rota's were regularly adjusted in response to people's changing needs, preferences and wishes. People were supported by consistent staff and knew who would be supporting them.
- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care. A relative told us, "You can see in terms of recruitment, who they employ and how they induct staff they get the right people and get it right."

Using medicines safely

- Medicines systems were organised, and records showed people received their medicines on time and as prescribed. A person told us, "Staff have to concentrate and make sure they get it right...no talking." A relative told us, "Staff are very good with [names] medication which is the most important thing."

- Medicines Administration Records (MAR) audits were undertaken to identify areas for improvement. A medicines handover sheet had been introduced for staff to check medicines had been administered correctly at the start and end of their working day.
- Medicines were securely stored at the correct temperature.
- Staff did not administer medicines to people until they had been assessed as competent to do so.

#### Preventing and controlling infection

- Staff supported people to keep their homes clean and tidy.
- Staff had a good knowledge of infection control procedures and had received infection control training. They had access to personal protective equipment (PPE) such as gloves and aprons and we saw these in use.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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 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

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. People were fully involved in writing their care plans. Care plans fully reflected people's needs and choices.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. A person said, "Staff can use the [equipment], they know what they are doing."
- New staff undertook an induction that included training relevant to their role and working alongside regular staff (shadowing). A staff member said, "The training is very good. I had one-week training with things like moving and handling, safeguarding and medicines. I did shadowing, until I was comfortable." Refresher training had been undertaken or was booked.
- Staff told us they felt supported by the management team and had received regular supervisions that considered their development needs.

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

- People chose what they wished to eat and drink. A relative told us, "[Name] is always encouraged to make healthy choices."
- Staff were very knowledgeable about people's individual dietary needs. For example, where people needed their food preparing in a specific way to minimise the risk of choking, photographic guidance was in place for staff. Dietitian advice was followed and embedded in people's care plans. One person said, "They [staff] get my meals right."
- Staff contacted health professionals for advice if they were concerned about people's weight. People's risk of not eating and drinking enough was regularly reviewed. Staff knew how to add additional nourishment to people's food to promote weight gain.

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

- Staff worked alongside local community and health services to support people to maintain their physical and emotional health and wellbeing. Records showed staff knew people well and promptly raised any concerns with relevant healthcare services. A staff member said, "We are pretty good at picking up when [name] is getting unwell." It was important to this person to avoid hospital admissions.

- Staff followed best practice guidelines regarding oral healthcare. People's care plans instructed staff how to support people with their oral healthcare needs. One person said, "Staff clean my teeth." Records showed where people had specialist oral care, this had been delivered as planned.
- Health action plans were in place, these detailed the support people needed to remain healthy. They were up to date and reflective of people's needs. A relative told us, "Staff got [name] into the gym five days a week as they put on a lot of weight."
- Staff recorded any damage to people's skin on 'body maps.' This meant staff could monitor people's skin condition.

#### 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People's care plans instructed staff to offer choice with every aspect of their care delivery. Their capacity to make decisions about certain aspects of their lives was detailed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Court of protection orders had been appropriately applied for when people's care amounted to a deprivation of their liberty.
- Staff we spoke with had good knowledge of the MCA and understood people's right to make unwise choices. One staff member said, "We give people the information and if they have the capacity, it's their choice. We might not agree with the decision, but we still support it. We then keep a record." People's care plans reminded staff to provide people with the information they needed to make an informed choice.

# 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; respecting equality and diversity

- People continued to receive kind, caring and compassionate support from staff that knew their likes, dislikes and preferences. One person said, "I like them [staff]. They are friendly and respect me... all of them." Another person told us they knew staff were caring by "The way they are." A relative said, "Staff absolutely cannot do enough for [name]."
- People and staff took pleasure in each other's company. A staff member said, "I always come in positive, we are like a little family. We have a laugh together and get on well." Another staff member said, "We don't look at it as a job, we see people as family."
- Staff were committed to ensuring people had meaningful lives and amended their work patterns in response to people's needs. A staff member told us how they planned to work extra hours the following day to ensure one person could go swimming as this was important to them.
- People's cultural and religious needs were detailed in their care plans. They were supported to practice and follow their religious beliefs. One person was supported to attend church when they wished.
- Staff supported people sensitively with bereavements and significant events within their lives. A relative said, "The staff have given [name] amazing support and have been particularly sensitive to their mental wellbeing." Another relative said, "Staff were fantastic, they gave [name] space."

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

- People's views regarding their care were regularly sought and they were empowered to make decisions about their care. One person when asked if staff gave them choice said, "Yes always." A relative said, "When I think about other places, it's totally person centred."
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. One person was supported by an advocate, other people had a lasting power of attorney (LPOA) in place. This is a person that acts in the person's best interests when making decisions on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They [staff] knock and then help me." A relative said, "[Name] always answers the phone, staff never do. They respect it's [names] home." A staff member said "I always make sure people have privacy. We are very lucky to work here in their home, they are not living in our workspace." One person could not hear staff knocking on their door, so a flashing doorbell was purchased to ensure their privacy was respected.
- Staff recognised the importance of confidentiality. Records were stored securely. A relative told us, "It's

information on a need to know basis [about name]. We don't need to know everything." Another relative said, "They respect confidentiality. Staff won't share any info about [name] unless they agree."

- People's skills and abilities were recognised by staff and people were empowered to be independent. A relative told us, "They do positive risk assessing, everything is possible." People were supported to access courses that developed their skills and to gain employment. One person had been supported to live on their own with minimal staff support, a dream they did not think they could achieve. Staff supported the person to gain independent living skills in readiness for independent living. The person was incredibly proud of their achievements and enjoyed an active and fulfilled life.

- Barriers to independent living were overcome. One person was no longer able to attend an activity important to them. Staff worked alongside the person and their relatives to overcome the barriers to them accessing the activity. This meant the person was able to continue the activity they enjoyed, which had a positive impact on their emotional wellbeing.

# 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 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 ensure people have choice and control and to meet their needs and preferences

- Care plans reflected people's likes, dislikes, what was important to them and how staff could best support them. They were reviewed regularly with the person and as their needs changed. One person confirmed they knew what was written in their care plan and said, "My keyworker is [Name of staff]. I sit with them, sort problems out and they ask is there anything I want to do."
- Care plans reflected people's likes, dislikes, what was important to them and how staff could best support them. They were reviewed regularly thing I want to do."
- People were supported by staff with similar hobbies and interests. One person was supported by a staff member to design and plant their garden. Another person enjoyed arts, craft and drawing. Their keyworker had similar interests and developed the person's care plans pictorially with them.
- Staff knew people well and told us this was because care plans contained more than enough information. One person said, "Staff know me really well. We can have a laugh, I like to amuse them." A relative said, "Staff know [name] very well. [Name] is making friendships with them as near as possible." A staff member said, "The care plans have definitely got enough information."

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.

- A variety of communication tools and aids were used to support people to communicate effectively with each other and staff. These included; signing, picture boards, communication passports and pictorial routines that helped people understand what was happening during their week. Some people also had easy read rotas, so they knew who would be supporting them.
- Staff told us they were developing a 'communication keyring' for one person. This meant staff would always have access to key pictures to enable the person to promptly communicate their needs.
- Staff supported people to access easy read information regarding their health and wellbeing. Doing so assisted one person to make an informed decision as to whether they wished to proceed with a medical intervention.

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 chose how they wished to spend their time, and requested staff support when needed.
- People were supported to access activities of their choosing. One person said, "I like to go bowling, I like to go anywhere. Staff take me." Another person said, "I like going trampolining, ten pin bowling, cinema and for meals." A staff member said, "People do so much, they are so busy all the time."

- Staff ensured people needing their meals preparing in a particular way were still able to enjoy meals at pubs and restaurants and socialise with their friends. They ensured they took everything with them to present people's meals in the way they needed them.
- Staff knew who was important to people as 'relationship circles' had been completed. These detailed who the person knew, how they knew them and how the relationships helped the person live the life they chose. People were supported to maintain relationships with family and friends.

#### Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the service and in an easy read format. Complaints had been investigated in line with the services complaints policy.
- People told us they would discuss any worries with staff. Relatives told us should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved. A relative said, "We've had no need to make any complaints."

#### End of life care and support

- People did not receive end of life care at the service. However, where appropriate their preferences and wishes for care at the end of their lives had been considered and reflected in their care plan.
- Staff had used easy read guidance to help a person understand what Cardio-pulmonary resuscitation (CPR) was. This had assisted them to make the decision they wished to be resuscitated in the event this was required.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same good. 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

- The registered manager monitored the quality and standard of the service by undertaking monthly managers and medicines audits to identify areas for improvement. Audits had not been undertaken in December, however, we found the registered manager had a good oversight of the service and was aware of any issues that had arisen and had acted to address them. We recommend the service review their audits to review the use of restrictive practises.
- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The registered manager told us, a court of protection order had been approved in the week of our inspection and they planned to send a statutory notification to the CQC.
- Staff were clear about their roles and responsibilities and felt listened to and valued. Staff received positive feedback from colleagues and the registered manager through an electronic system. We saw comments such as, 'Your support over the last four days and your care and empathy has been above and beyond' and 'Well done on passing your medicines competency.' A carer of the month scheme provided recognition to staff for their efforts.

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

- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. People were empowered to be independent and the service focussed on reducing dependency on staff. One person said, "We are having good care." A relative said, "I can't honestly think of any improvements."
- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. The service had a friendly and open culture, and relatives told us they found the registered manager very approachable and easy to talk with. A relative said, "Communication is good, and we are quickly informed of any issues that may arise. These are always quickly dealt with in a professional manner." A staff member told us, "[Registered manager] has an open-door policy."
- The registered manager knew all the people using the service well. They worked closely with people and staff, leading by example, and ensuring people and their relatives had a say in all aspects of the service.

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

- The registered manager was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was open and honest with us during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback on people's care experience was sought, through keyworker meetings and surveys. Records showed changes had been made because of feedback such as changing daytime activities and improving the training programme.
- Regular staff meetings took place and staff received regular supervision. A staff member told us, "Lately staff meetings have been very well attended. We talk about people individually, whether there are any concerns, what's not working, suggestions people may have and events coming up."

Continuous learning and improving care

- An electronic record keeping system had been purchased by the provider. The service was in the process of transferring documentation to this system. The registered manager told us the system would enhance their oversight of care delivery and improve governance systems and processes.
- Records showed staff performance was closely monitored and action was taken to address performance concerns.

Working in partnership with others

- The provider and registered manager worked closely with commissioners and the safeguarding team to ensure the service developed and people remained safe. Records showed actions from a recent quality monitoring visit had been completed.
- Staff worked closely with other health professionals such as community nurses and GPs which enhanced the health and well-being of people.