

Serene Care Ltd

Rugby Care Centre

Inspection report

53 Clifton Road
Rugby
Warwickshire
CV21 3QE

Tel: 01788542353

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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

Rugby Care Centre is divided into three separate units and provides accommodation and personal care for up to 29 older people, including people living with dementia. There were 27 people living at the home when we inspected the service. This inspection visit took place on the 8 and 17 August 2017. The first day of our inspection visit was unannounced. We returned to the service a second day to meet the registered manager who was not present on our first visit, and talk with staff.

At the last inspection in September 2015 the service was rated Good. At this inspection we found the service remained Good.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection visit. We refer to the registered manager as the manager in the body of this report.

There were enough staff available to safeguard the health, safety and welfare of people. Staff were given induction and training so they had the skills required to meet the needs of people living at the home. People were protected against the risk of abuse as the provider took appropriate steps to recruit staff of good character, and staff knew how to protect people from harm.

The manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Decisions were made in people's 'best interests' where they could not make decisions for themselves.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made their own choices about who visited them at the home. This helped people maintain personal relationships with people in their community.

People were provided with food and drink that met their health needs and their preferences. People were supported to access healthcare professionals to maintain their health and wellbeing.

People were offered opportunities to take part in interests and hobbies that met their individual needs.

People knew how to give feedback to the management team, or make a complaint if they needed to. Quality assurance procedures identified where the service needed to make improvements and where issues had been identified, the manager and provider took action to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rugby Care Centre

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 was 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.

We inspected the service on 8 and 17 August 2017. The first day of our inspection was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service.

Before our inspection visit we asked the provider to send to us a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR reflected the service.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas of the home on each unit.

During our inspection we spoke with seven people living at the home and five people's relatives. We received feedback from five members of care staff via email. We also spoke with one member of care staff, one senior care worker, the deputy manager, the cook, the provider, the clinical lead, and the activities co-ordinator.

We looked at a range of records about people's care including six people's care files, daily records, medicines records and charts. This was to assess whether people's care delivery matched their records. We reviewed records of the checks the manager and the provider made to assure themselves people received a

quality service.

We looked at personnel files for three staff members to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

All the people we spoke with told us they felt safe at the home. Comments included; "I am quite happy living here", "I am reassured knowing there is always someone around if I have a fall which makes me feel safe." One person said, "I came here originally on respite and decided to live here as I felt safe here." People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable raising any concerns they had with the manager, and were confident any concerns would be investigated and responded to.

People were protected from the risk of abuse because the provider checked the character and suitability of staff prior to them working at the home. For example, criminal record checks, identification checks and references were sought before care staff were employed to support people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing.

People told us there were enough staff available to support them safely. A typical comment was, "The staff are good and there always seems to be enough on duty." One person said, "There are always staff around. I would recommend the home to anyone."

We saw the support offered to people in the communal areas of the home. We saw there were adequate numbers of staff available at all times to care for people safely and meet people's care needs promptly. Staff confirmed there were enough staff on each shift, including at night, to care for people safely.

Staff who administered medicines were trained to administer these safely. On the first day of our inspection visit we found some care staff who applied prescribed creams had not received medicines training or competency assessments to do this. We discussed this with the provider, who agreed all staff would be trained in the use of all medicines (including creams) in the future. On the second day of our inspection visit we found the procedure for the application of creams had been changed, to ensure these were applied as prescribed.

People were given their regularly prescribed medicine at the right time of day. Medicines were stored safely in line with manufacturers' guidance. There were plans in place to instruct staff on how to administer medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine. Regular checks of medicines stocks were in place to ensure people's medicines were obtained from the pharmacy before they had run out.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had processes to ensure staff had the training they needed to support them in providing effective care for people. New staff completed an induction to ensure they understood their role and responsibilities. One relative told us, "There is a good team of staff here, they are encouraged to do nationally recognised qualifications and there is a proper induction period for them. There are demanding people here and the staff cope with them admirably."

Staff told us the induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The induction was based on the minimum standards for care workers, and provided staff with a certificate to recognise their skills and abilities. One staff member commented, "All care certificates, online training and regular group training is consistent. I feel like I do have the skills and support to do my role because of this, my work colleagues are there to work with me as a team." Staff told us the manager encouraged them to keep their training and skills up to date and maintained a record of staff training, so they could identify when staff needed to refresh their skills.

On the first day of our inspection visit we found staff did not always use the correct manual handling techniques to assist people. We saw a staff member assist someone who could stand on their own to transfer from one chair to another, however, they did not support the person in the correct technique. When we raised this with the provider they immediately organised for all staff to have a briefing to discuss manual handling techniques, by the second day of our inspection visit staff training had been refreshed. This demonstrated the provider acted to improve staff skills and practices.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA), which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. We found mental capacity assessments were completed when people could not make decisions for themselves. Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with people who were important to them and with health professionals.

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 are called the Deprivation of Liberty Safeguards (DoLS). The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application, the manager had made the appropriate applications to the local authority in accordance with the legislation.

We saw two lunchtime meals during our inspection visits. On our first visit day the lunchtime experience for people seemed rushed. People were not served food at the same time when they sat together, and people

were not always given a choice of meal. However, it was clear staff knew people well and anticipated their likes and dislikes. We raised this with the provider, who assured us staff would always consult people about their preferences at mealtimes. They agreed to brief staff to remember to ask people about their preferences each day. On the second day we found staff asked people for their preferred food options, and people were seated together to eat where they wished. The dining room was calm. Tables were laid with table linen, condiments and cutlery and provided a pleasant environment where people could enjoy their meal with friends and relations. People were offered a range of drinks when they sat down to eat their meal. One person said, "The food is very good, my main meal is at lunchtime, if I wanted more or wanted bigger portions then I just have to ask." Another person said, "The food is good, we had a questionnaire recently asking us for our ideas about the food." The provider told us they had recently changed their food supplier following feedback, they used a specialist company that created nutritionally based food, made to order and delivered to the home. This meant they could accommodate each person's dietary and cultural choices easily.

Staff supported people who needed assistance with drinking or eating patiently, and made sure people had the specialised equipment they needed. This helped people to maintain their independence, and demonstrated staff knew people well. Kitchen and care staff knew people's specialist dietary needs and ensured they were given meals which met those needs. For example, some people were on a soft food diet, or required a reduced sugar diet.

Staff and people told us the provider worked in partnership with other health and social care professionals to support people. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, dietician, chiropodist and dentist when required. Staff made referrals to health professionals in a timely way. One person told us, "We have an optician and a dentist who come to the home and my hand and toe nails get cut regularly." We found changes were made to people's care following advice from medical professionals.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff and each other, as at our previous inspection. The rating continues to be Good.

Comments from people and relatives included; "I think that the staff treat us well and are caring", "I cannot fault the care that my relative is getting, the staff understand them to the extent that my relative likes cuddles and the staff are quite happy to give them, which is lovely", "When we walked in here it felt really homely", "All the staff here are marvellous, I can't fault any of them."

Throughout the day we saw several examples of staff altering their approach, voice and position to effectively engage with people, demonstrating staff had a good knowledge and understanding of individuals and their needs. Staff told us they enjoyed their role at Rugby Care Centre, one staff member told us, "I find it rewarding caring for people that can't care for themselves. It's nice to know you are helping people get the best out of life, and to be a friend." Another staff member said, "I feel people get person centred care because every resident is cared for individually, they're put first in every decision that's made and will be made in the future."

Staff promoted people's independence and only offered support when people needed it. For example, one person told us, "I am capable of washing myself, if I ask the staff I know they will organise a bath for me."

People told us they could choose how to spend their time, and staff supported them to make everyday decisions. One person said, "I get up about 06:30 after washing I go down to the dining room and they give me a cup of tea and I have some cereals. If I wanted a shower I could, I just need to ask." Some people spent their time in the communal areas, and other people chose to stay in their room. One person told us, "I have a lovely room which is cleaned every day."

One person told us how they were able to choose the décor and things they had in their room. They said, "It was lovely being able to choose the new colour for my room."

The home had a number of communal areas where people could spend their time. This included lounge areas, dining rooms, a library area, a cinema, sensory room, hairdressers, and outside garden and patio areas. There was also a 'mini' shop where people could choose snacks and toiletries that they liked. Each person had a designated member of staff assigned to their care, this member of staff helped people access the facilities at the home and acted as a 'friend'. The provider told us this system helped to ensure people had person centred care.

People made choices about who visited them at the home. One person told us, "My son comes once a fortnight and there is no time restraint on when he comes. The home does their best for us." One relative told us about how welcome they felt at the home saying, "[Name] now sees this as their home and they are getting on fine. It is my relative's birthday today and there are 8 of us who have come to see them today and the staff have allowed us to have one of the lounges so we can have some special time. We saw people and

their visitors helping themselves to drinks and snacks throughout our visit, and using the facilities on offer. This helped people maintain links with family and friends.

People told us their dignity and privacy was respected by staff. Staff knocked on people's doors before entering, and announced themselves when they entered people's rooms. One person had a 'please knock and wait' sign on their door, which was respected by staff.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during our previous inspection visit. The rating continues to be Good. One person told us, "Staff respond quickly if I want a drink or something to eat."

People and their relatives told us they were involved in planning their own care, which meant people's personal backgrounds, their preferences and interests were discussed with them and recorded on their care records. One person told us, "I like a woman to assist me showering." We saw this information was recorded on their records, and staff knew the person's preference. Staff we spoke with had a good understanding of people's needs and choices.

Staff told us they were confident they delivered the right care and support to people because they were kept up to date on changes in people's care needs daily. Staff explained how they handed over key information to staff coming on the next shift. We saw this was conducted verbally, and also a daily handover sheet was prepared. During the 'handover' information was shared about changes in people's health or care needs, or any special arrangements for the day. We were able to view the daily handover file and saw this was kept up to date so staff who missed the meeting could review the information.

People were supported to take part in activities, hobbies and interests they enjoyed. For example, people played Bingo in the communal lounge together. We saw other people sitting together and chatting about their day, along with care staff. One person told us, "The great thing about the home is that it has a lovely garden and when I look out of my window I don't realise that I am in a home. I walk around the garden when the weather is nice and that is good exercise for me." Another person said, "I read more here than I have ever done. I take part in some of the activities like bingo, cake decorating and making things in the craft work sessions. I never feel alone here. I think that I have made the right choice in coming here."

Other comments from people included; "The staff never refuse to take me out", "We have a hairdresser who comes in, I have my fingernails painted and a gentleman comes in to do our toenails", "Carers take me out for coffee and lunches sometimes." One person told us they would like to go out more often. They said they had raised this with staff in a recent meeting to discuss activities at the home. We spoke with the provider and activities co-ordinator, they explained they were in the process of speaking to each person at the home to find out what sort of trips they would like. They then planned to introduce more opportunities for people to go out.

People told us they felt part of their local community, as people came into the home from local schools, voluntary organisations and church groups. Also, the home was situated next door to a local Age UK café, for people to meet and enjoy coffee and snacks. A list of events was displayed on the noticeboard in the reception area, which showed a range of activities happened five days per week, when an activities co-ordinator came into the home. Events included, exercises to music, board games, art and crafts, trips out into the local community, and visits by entertainers. The activities co-ordinator said, "I enjoy seeing people smile and enjoying their days."

There was information about how to make a complaint or provide feedback about the service available in the reception area of the home. This information was also contained in the service user guide that each person received when they moved to the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person said, "The manager is very good, if I had any problems I feel happy talking to her about them." A relative told us, I have not had any reason to complain but if I did have any concerns then I would speak to the manager. If it was a badly run home then I would not leave my relative here." The provider had a system in place to monitor complaints and to identify any trends and patterns, so that action could be taken to improve the service provided. There had been no complaints at the home in the last 12 months.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be well-led. The rating continues to be Good.

People told us the home was well-led. People told us they could speak to a manager when they needed to, and their concerns would be responded to. One relative told us, "The manager is very good, we are kept informed of anything that happens and they call us if there are any problems."

Staff comments included; "The manager is very approachable and I feel the home is well led. I feel like I could go and have a chat about any queries and she would support me with anything I come to talk to her about." One member of staff said, my manager is very approachable, very supportive. I feel she manages very efficiently and professionally and is caring."

The management team comprised a registered manager, a deputy and senior care staff. The manager was also supported in the running of the home by the provider. One member of staff told us about the support they received, "I have meetings with my manager on a regular basis, as they are on site working alongside us. I also know they are always there for us to help or support should we need it. If the manager is not on site, due to illness or holidays, we report to the providers who are there, they always have time for their staff and are very easy to talk to; they act efficiently to any requests." Staff also told us they had regular scheduled meetings with their manager to discuss their performance and to discuss any ideas or suggestions they had about the home.

The provider had identified its aims and values, and had communicated this to people who used the service and to staff. The support to people at the home was led by some key principles of care, which included respect, privacy, integrity, dignity, empathy, trust and kindness. We saw this was clearly stated in the service user guide, and it was also displayed on the noticeboards around the home. Staff were trained in the aims and values of the provider during their induction period. One staff member told us, "Rugby Care Centre is a person centred care home & respects every individual as one, this is always done safely and in the correct manner."

People told us they had a say in how the home was run. This was through residents meetings, regular surveys and suggestions they made. Following meetings and surveys the results were displayed on noticeboards around the home. The manager displayed information on what people had asked for, and then what the provider had implemented in response. This included consultation on menus and food options for the dining room, activities planning, and the décor and refurbishment programme at the home.

The provider completed regular checks on the quality of the service at Rugby Care Centre. This was to highlight any issues and to drive forward improvements. The manager sent the provider weekly and monthly updates on the checks they performed at the home. These included checks on medicine administration, care records, and infection control procedures. Where audits had highlighted any areas of improvement, action plans were drawn up. All areas identified for improvement were submitted to the provider who monitored progress against improvement plans. This demonstrated the provider took action to

continuously improve the service.

One relative told us how the home had improved over the last two years, which was when the provider had taken over the home. They said, "Meetings for people and relatives have been introduced to discuss improvement plans. There have been some refurbishments and some more are planned this year."

The provider told us about improvements they had planned at the home over the next six months. Improvement plans included further updates to the décor following a consultation with people, the introduction of quality assurance procedures that focusses on the outcome and experience of people, the introduction of Skype and video calling equipment to assist people with maintaining relationships, and the planned upgrade of some bathrooms.

The provider and manager recognised staff's individual contribution to the running of the home. For example, one member of staff who worked in housekeeping had a good understanding of infection control procedures so had been made them 'champion' for infection control. Their role involved them in identifying areas for improvement, and being available to offer support and guidance in this area to other staff.

The service was recognised by an accredited award scheme, they were voted one of the top 20 homes in the West Midlands by members of the public via the intranet.

The provider gathered expertise and knowledge from a range of sources to improve and develop the home. For example, they used information from Stirling University dementia guidelines to draw up improvement plans that were 'dementia' friendly. The provider and manager attended provider forums, care shows, and kept up to date through reading guidance from organisations such as NICE. This showed commitment by the provider to learn from other's experience to enable the best possible outcomes for people who used the service and staff.