TKSD Care Homes & Training Ltd

Ruth Lodge

Inspection report

6 Ruth Street
Chatham
Kent
ME4 5NU

Tel: 01634406840

Date of inspection visit:
19 January 2016

Date of publication:
03 May 2016

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

We inspected this home on 19 January 2015. This was an unannounced inspection.

Ruth Lodge is registered to provide accommodation and personal care for two people who need 24 hour care. People who use the service were non-verbal, needing support to undertake life skills and be safe in the community. At the time of our inspection, people who lived in the home were dependent on the staff to provide personal care or prompting when necessary to complete life skills.

There was a registered manager at the home who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used this service were protected against the risk of abuse; and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's day to day care and details of how these risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote their independence and safety. Staff had been provided with relevant training and they attended regular supervision. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager/provider promoted a safe recruitment practice, which ensured staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager/provider understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff. People received their medicines safely. They also had good access to health and social care professionals when required.

People's families had been involved in assessment and care planning processes. Support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people went out to their local community most days of the week for activities, including visiting their local club for activities and horse riding.

A health action plan was in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people was supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Feedback was sought from the family and used to improve the care. People's families knew how to make a complaint and a copy of the 'how to complain' was available in the home. No complaints had been received but it was evident that there was a very inclusive relationship with people's family.

The registered manager/provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager/provider understood the requirements of their registration with the commission.

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 was safe.

The registered manager/provider had taken necessary steps to protect people from abuse. Risks to the people's safety and welfare were assessed and managed effectively.

The registered manager/provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet the people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between the people and staff.

People were treated with respect and helped to maintain their independence. Families were encouraged to make decisions about their relatives care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to the individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities and were supported to live an independent life as possible.

The provider had a complaints procedure and the families told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable registered manager/provider. Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

The registered manager/provider had systems in place to ask the families opinions of the care provided to their relative. They also asked the view health professionals involved with the home.

Ruth Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on the 19 January 2016. The inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the registered manager/ provider is required to tell us by law.

We looked at documentations such as people's care and support files, health notes, risk assessments and daily care records. We also looked at two care plan files, a sample of audits, satisfaction survey, staff rota, and policies and procedures

During our inspection, we spoke with a relative on the phone and with two staff. We observed people's interaction with the staff and some care provision. We also looked around the environment and the outside spaces available to people. The provider was not available; however we had been given information about all staff training and recruitment at a recent inspection of their other home locally.

At the previous inspection on 15 April 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People looked comfortable in the home and with the staff. A family member we spoke with said "I am very happy with the way the home looks after him, and yes I believe he is safe there. I live nearby and often visit at different times. I have never seen anything to worry about". Another relative said "yes the staff at the home keep him safe, I have no concerns".

The staff told us that they had received safeguarding training in the last year and the certificates we saw in the training files confirmed this. The staff we spoke with was aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should they occur. They said they were confident the registered manager would respond appropriately to any concerns.

The staff member understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed. These policies clearly detailed the information and action staff should take to protect people in their care.

People were protected from avoidable harm. Staff had a very good understanding of people's individual support needs and behaviour patterns. Records provided staff with detailed information about people's needs. Staff demonstrated that they know people's needs very well, they showed how they managed people's behaviour in a calm and positive way. They used no restraint but were able to redirect the person when they became challenging.

Staff knowing people well, and having identified risks relating to people's behaviours and care needs, meant that people received the care they required and were able to access the community safely. We saw that people were being supported in accordance with their risk management plans. For example, staff understood the routines that people had chosen to follow and staff respected this. By respecting people's wishes we prevent people becoming anxious and exhibiting behaviours challenge". The plans in place helped the staff keep people safe, particularly when out in the community. We found that staff understood and followed these plans.

We looked at people's care records and saw that staff had assessed the risks to people's safety. Records of these assessments had been regularly reviewed. The care/risk assessments were personalised to the individual and covered areas such as finance, behaviours, preferred routines and health issues. This ensured staff had all the guidance they needed to provide support and keep people safe. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example, when they are out in the community one person may attempt to grab people or their hair. Staff know this is a risk and they make sure that the person is beside them the whole time they are out. The person can understand more than they can communicate so if staff say not to do something they will stop. Staff also told us that one person will pick up things in shops and try to eat them, so they ask them to push the trolley that way there hands are doing something else.

Staffing of this home was consistent and people living there knew all the staff that cared for them. There was adequate staff in the organisation to cover any sickness and annual leave when required. We found the staff had the necessary experience and training to meet the needs of people they cared for. We looked at records such as the rotas and staff training files these confirmed training had been made available to meet the specific needs of people they were caring for. Handover time was built in to the rota so that staff could pass on important information relevant to peoples care and wellbeing.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults at risk would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The registered manager/provider had a disciplinary procedure and other policies relating to staff employment, these had been reviewed annually. Staff had access to these and staff were supported to keep people safe.

There was a plan staff would use in the event of an emergency. This included an out of hours' policy and arrangements for people which was clearly displayed in care folders. Staff were aware of what to do if an emergency evacuation was needed, however the PEEP (Personal Emergency Evacuation plan) had not been fully documented and needed to be reviewed. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We asked one staff member what they would do if the fire alarms went off, they described how they would call for help and evacuate people who lived in the home to an agreed place to keep them safe.

We saw that all the necessary checks had been undertaken to make sure the environment remained a safe place to live. For example, PAT (Portable appliance testing), there were in date certificates for the electrical installation, gas and the fire system was checked regularly by the staff at the home and outside contractors. This showed the registered manager/provider maintained a safe environment for people who lived there and the staff.

Good

Is the service effective?

Our findings

People were not able to tell us about their care, however it was clear that the staff knew people well and understood their behaviours and how to care for them safely. We spoke to people's family and they told us that they were kept informed. One relative said, the staff contacts us straight away if there are any issues. They also make sure they he attends his appointments and they let us know about any changes".

Staff told us that although people were not able to verbalise their consent they were still able to demonstrate acceptance through body language and noises. Staff said in the same way they encouraged people to choose what they wanted to eat, drink and the activity they want to do. During the inspection, one person indicated they wanted to go out for a walk. A member of staff helped them to get ready and they went out for a walk. However, they were soon back as the person had not realised how cold it was outside.

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. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use this in practice. People's consent to all aspects of their care and treatment was discussed with their family and health professionals as appropriate.

People were supported to have enough to eat and drink. Staff explained that each person had their favourite foods and chose what they wanted to eat. Both people had different likes and dislikes regarding food and often choose different things to eat. A staff member gave us an example of how well they knew people and said "If we give people food they don't like, one would not eat the food they would just play with it and the other would indicate their dislike very strongly and would not touch it". The staff said that they did not have a set menu for this reason, but they did make sure that they had a variety of meals, never having the same things two day running. Staff record what people had eaten, they encouraged people to eat a balanced diet with fresh fruit and vegetables.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people they cared for. Staff were required to undertake training to carry out their roles safely by the provider. This included refresher training on subjects such as safeguarding adults and first aid. Staff also undertook training on fire, health and safety, nutrition, infection control and medicines administration. We viewed the staff training records and the registered manager/provider had ensured staff training remained up to date. Staff had received an induction when they first started work if they had not already achieved this in their prior employment. One new staff member explained that the first two weeks she was at the home she spent working alongside experienced staff, in each of the three homes. They said they also had to take courses, these included fire safety, medication administration, food safety.

Staff we spoke with during the inspection told us they received regular supervision and that the registered

manager/provider was always approachable if they were not sure about anything. Staff told us that they received monthly supervision from the registered manager/provider. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff.

Staff worked with other health professionals who supported people who lived at the home. Staff also supported people to attend appointments and make sure their other physical health needs were met. People had visited the GP when they had needed to. There was a health action plan in place which contained information about people health needs and who to contact if for example a person exhibited increased behaviours that they staff were finding it difficult to manage safely. These health professions would offer the homes staff advice and support. The plans also provided advice and health awareness information which may support people's health and wellbeing. This was reviewed at least six monthly or when there had been a significant change.

We saw records to confirm that staff encouraged people to have regular health checks and staff accompanied people to appointments. They had attended appointments to professionals such as hospital consultants, their GP and dentist. When health concerns arose staff made contact with relevant healthcare professionals. The staff also made other checks by weighing people each month to make sure their weight remained stable. In this way the staff at the home monitored people's health in order to keep them as well as possible.

Good

Is the service caring?

Our findings

The families we spoke to told us they were very happy with the care that their relatives received at the home. They find the staff very caring. One relative said "He is so well looked after there, the staff understand his needs, we could not ask for more. When we visit we are made to feel welcome, a very caring home".

We saw that people were being cared for in a respectful way. Staff were sensitive but also firm with people when they needed to be to prevent the person coming to harm. For example, the staff discouraged one person going in the bathroom as they may shred the toilet roll and block the toilet for example, they were not able to use the toilet themselves so there is no reason for them to go in there.

Staff told us that they encourage people to be involved in making choices. One staff member said that they do show people things such as different cereals so they can chose. It is more difficult with one person as they don't really choose. The staff told us that they know when they have given them something they don't like by the noises the person makes and their body language.

Staff have tried to encourage independence and make sure that what a person can do for themselves they do for themselves. For example one person can take themselves to the bathroom when they need to so staff respect that and don't keep prompting them. They can make choices so again staff give them time to make those choices.

The environment was a normal well maintained house, with just two rooms for the use of staff, a study and a bedroom for the sleep in staff. People had personalised their bed rooms the way they wanted them to be. One member of staff explained that people bedrooms were their private space and staff did not enter them unless invited. They said "Both people who live here are able to indicate when they want privacy in their own room, this time was always respected. The staff members we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this could be achieved whilst caring for people. Staff knew how to respect people's confidentiality. All confidential information was kept secure in the office.

Staff knew people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. For example, they knew when one of people wanted to go out for a walk. One staff member told us about some of the activities people undertake and the risks involved. For example, one person goes horse riding every week, they have to follow the instructions of the staff at the stable and they have to wear protective gear such as the riding hat.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well. This was particularly important as people were not able to tell staff what they want. From our discussions with people's families we found that there was a very relaxed atmosphere, staff were caring and maintained a professional relationship.

Families had been very involved in their relative's regular review of their needs and decisions about their

care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by them. The support plans showed peoples preferences and staff explained how these were taken in account when for example preparing meals.

Advocacy was available for people if it was felt this was needed. We saw there was information about an advocacy service that people could contact if they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Families told us that the staff knew exactly how to support their relative and had contacted them if they had become unwell or if there were significant issues. They said the staff had become very knowledgeable about their relatives way of communicating their needs. One family told us that they were asked by the registered manager to complete a questionnaire, which they said they were happy to do. Another relative told us "They are always asking us if there is anything they can do to improve the care they provide. I have made suggestions and these have been followed, but to be honest they care for my son very well". A questionnaire seen was extremely positive about the care provision in the home, they were sent out to families yearly.

Care records contained a record of people's assessments, care preferences and health needs. Staff understood people's needs and daily records showed that people received their care in accordance with their preferences. Staff escorted people to health care appointments such as dentists and doctors. We saw that people's care records were updated to reflect any changes in their health and support needs. This ensured that staff had access to up to date information. For example, we saw that the plan had been updated when there had been change in persons medication.

There was a procedure in place that made sure any new person being admitted to the home would have their needs met. They would be fully assessed and visit and spend time at the home before their admission would be accepted and then at first only on a four week trial. Staff knew the pre admission assessment was crucial to make sure they could meet the person's needs before they were admitted. Also with other people living in the home it was also important that they got on well with the other people living there. We saw the assessment for the most recent person to come to the live at the home. The assessment showed clearly their likes and dislikes, it gave staff information about the way they communicate. With both people not being able to communicate verbally it was especially important that they would get on with each other. Therefore the home had more trial visits and the transfer was gradually planned so they were introduced slowly.

The staff had made a referral regarding communication as both people could not verbalise their needs and preferences. A staff member told us that a member of the SALT team (Speech and Language Therapy) had been to the home to offer advice to staff. The staff had tried using pictures with some success; however this was not the answer for both people. Signing was also not successful. Staff said we were asked to listen to the pitch and tone of the sounds that people made in different situations. The staff member said that gradually they have been able to understand the sounds. Therefore continuity of staff has been very important. It was apparent that people understood more than they could communicate, from our observations we saw that staff did understand many of the sounds they heard.

People's care plans were reviewed monthly and a full assessment undertaken at least yearly. Each year the registered manager/provider wrote a report about any issues and progress the person had made. This was prior to a multi-agency review each year.

We saw that there was a copy of the complaint procedure in the statement of purpose. We asked the families what they would do if they were not happy with any of the staff at the home or the care they were

providing. One relative said "I would talk to Daniel (the registered manager) but so far we get on well with the staff, we are listened to and I have had no concerns". The complaints procedure clearly informed people how and who to make a complaint to. Giving timescales for action. There had been no recorded complaints in the complaint file.

People at the home had activities that they enjoyed. The staff enabled people to go out in to the community. They visited a Day centre several days during the week and one person for example enjoyed horse riding. We observed one person indicating to staff that they wanted to go for a walk by getting their coat. There was always a member of staff for each person during the day so they went out for a walk. people were also encouraged to help with things like shopping and tiding their bedrooms.

Good

Is the service well-led?

Our findings

People's family were complimentary about the home. They told us that they thought the home was well run and that the relatives were well looked after there. The relatives we spoke with found that staff listened to their views and said that the manager keeps them informed of any issues. One said that the registered manager/provider is often at the home when we visit, he is very approachable and a good listener".

The home had a clear management structure in place led by the provider/registered manager. Staff spoken with understood the aims of the home. The manager encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included an open door policy where people could access the manager at any time to discuss any issues. Both staff spoken with said they had a good relationship with the manager, one staff member said I never worry about asking the registered manager about anything, he is so supportive and never minds us asking if we are not sure. This showed that people felt comfortable around the registered manager and the home.

The registered manager/provider and staff worked well with other agencies and services to make sure people received their care in a joined up way. We saw that each year the registered manager sends a report about people they care for prior to a multiagency meeting. This is detailed and covered any issues that have arisen and how that has been resolved. It also documents the improvements they have seen during that year. This enabled the professionals who would be involved in the multi- agency meeting to have an overview of the past year before they met. It also gave them the opportunity to check understanding and ask for further information before the meeting date.

Monthly meetings were held with staff. At these meeting staff were actively encouraged to look at what could be done better. A staff member said we discus things we have tried that have gone well and what perhaps we could do differently. For example they discussed the advice given to them from the SALT team.

The same staff were used to provide care and support, when extra cover was needed then staff who work in the other homes locally. Staff from these homes would have been introduced to people living in the home and they would have shadowed the home's staff, in this way they are not introducing a member of staff that people had not met before.

The registered manager/provider is a regular visitor to the home and spends time there most week days. They always try to make themselves available if families come to visit. The families said that they have a good relationship with the registered manager/provider and said that he always checked if we are happy about everything.

There were copies of audits undertaken to ensure quality assurance they included regular audits to make sure the home provided a high quality of care and support. We found effective systems in place for monitoring the home. They completed daily, weekly and monthly audits of all aspects of the service, such as medication, cleaning and fridge temperatures. They used these audits to review the home and evidence that high standards were being maintained. For example, each day there are areas of the home that are cleaned,

staff signed to confirm this has been done. The fridge and cupboards were checked each week to make sure that any out of date food is removed. Staff explained that registered manager/provider does spot checks and if their findings showed jobs had not taken place such as cleaning the bathroom then the staff were held to account. Staff confirmed that the registered manager/provider does spot checks every week to make sure staff had undertaken the tasks they were responsible for. This showed that the registered manager acted on the findings which ensured people were kept safe through regular monitoring.

There were systems in place to manage and report accidents and incidents. Accident records were kept and signed off by the registered manager who looked for trends. This enabled staff to minimise or prevent similar accidents/incidents in future. Staff spoken with told us that they were aware of the audits and they made sure that all relevant documents were completed fully.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the manager. The staffing and management structure ensured that staff knew who they were accountable to.

We had received notifications about incidents that the registered manager/provider had sent to us. These notifications told us about any important events that had happened in the home. Very few notifications had been sent in for this home but that is understandable because of the size of the home. We use this information to monitor services and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.