

Shelton Care Limited

Rutland House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Rutland House is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rutland House accommodates up to seven people in one adapted building, where people had access to communal areas along with their own individual flats. At the time of the inspection there were seven people using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People were kept safe from abuse and had their risks were assessed and planned for. People were supported by sufficient staff. Medicines were administered safely. People were protected from the risk of cross infection. The provider had systems in place to learn when things went wrong.

People's needs were assessed and care plans were in place to meet them. Staff had training which supported them in their role. People were supported to receive consistent care in an environment that was designed meet their needs. People were supported to choose their meals and eat and drink safely. People had their health needs met.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People received support from staff who were caring. People could make choices and were supported to maintain their independence. People had their communication needs assessed and their privacy and dignity was protected by staff.

People received support which was person centred care and staff understood their preferences. People understood how to make a complaint about the service.

The registered manager submitted notifications as required and understood their responsibilities. The rating from the last inspection was on display.

People were involved in the service and there were regular checks on the quality. There were audits in place and action plans which were used to drive improvement.

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 continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

Rutland House

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 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.

This unannounced inspection visit took place on 14 January 2019. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service. We also spoke with the registered manager, the unit coordinator, a senior support worker and three support workers.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of two people and looked at a further two more to check aspects of individual plans. We looked at other records relating to the management of the service including, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 14 December 2015 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. People told us they felt safe living at the service. One person said, "I do feel safe. I like the staff, I cannot fault them one bit." Staff could describe the signs they would look for and how they would recognise abuse. Staff had a clear understanding of the procedures for reporting any safeguarding incidents and gave examples. The unit coordinator could describe where concerns had been raised and how these had been investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. One person told us, "I can become anxious sometimes, staff help me when this happens and redirect me to think about something or do something else." One person displayed behaviours that challenged which left them at risk of harm. There were clear plans in place for staff to prevent this, which we saw staff followed. We saw individual risk assessments were put in place ahead of people attending a new community location, which considered risks which may occur and how to prevent them.

People were supported by enough staff. People told us there were always staff there to support them. Staff told us there were always enough staff to provide the levels of support people needed. We found some people needed support from a dedicated member of staff and sometimes two staff when they went out. People and staff confirmed this was always available when people needed it. We saw people had staff with them and could go out on the day of the inspection. At the last inspection we found staff were recruited safely, the unit coordinator confirmed the systems to safely recruit staff safely had not changed since the last inspection.

Medicines were administered safely. One person told us, "I always have my medicines from staff. I go to the room to get them, but after the decorating is finished we are going to talk about having my own medicine cupboard in my flat." Staff received training in safe medicine management and their competency was checked. Medicines were stored safely and stock checks were carried to ensure people had an adequate supply of their medicines. Where people had medicines, which needed to be taken on an 'as required' basis there was clear guidance in place for staff. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. Staff received training in how to minimise the risk of cross infection and there were regular checks in place to ensure the home remained clean, well maintained and free from the risk of infection.

There was a system in place to learn when things went wrong. For example, the unit coordinator told us they used reflections and debrief processes with staff involved in incidents they explained this helped them to identify any areas for change and to look at what worked well and not so well for staff.

Is the service effective?

Our findings

At our last inspection on 14 December 2015 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. The unit coordinator told us there was an initial assessment completed which gathered background information about people which included a multidisciplinary approach and involved people and their families. The information was used to form a care plan detailing how best to meet people's needs. Staff said these were useful to guide them in providing support to people. Our observations of staff interactions and records supported what we were told.

People received consistent care. The unit coordinator told us each person had a core staff team in place and a designated keyworker which meant people received consistent support. People confirmed they had regular staff working with them and they felt this was important. Staff said it helped with supporting people with their routines and getting to know people well.

People had access to support with their health and wellbeing. One relative told us the staff had arranged a hospital referral following a fall, this had resulted in the person having no further falls. The registered manager told us referrals were carried out for health professionals to be involved when needed. Staff confirmed they understood the person's health needs and supported them to attend appointments. We saw people were supported to understand their health needs and referrals were made to other health professionals as needed.

The provider told us in the PIR staff were provided with induction and training. The provider gave the example of the training for staff in supporting people with behaviours that challenged to provide safe management practices. Staff confirmed they had received this training and could describe how it helped them to support people. The staff further confirmed training was updated on a regular basis. One staff member said, "The medicines training was good, we had lots of observations as part of the process, online training, and then the managers sign us off. There are regular updates and repeat training is done."

People had a choice of meals and drinks and plans were in place to guide staff on how to meet people's nutritional needs. One person told us, "I can have whatever I want to eat. I haven't had breakfast, didn't fancy anything, but I will have a Tuna Sandwich later I think." Another person told us they were going out for lunch that day with staff. We saw people had access to a choice of meals and were supported to follow a healthy eating plan. One person wanted to lose some weight and staff were supporting them to plan healthy meal options and they had achieved their weight loss goals. Records showed people had assessments to check what support they needed with their nutrition and hydration and were supported with maintaining a healthy diet.

The environment had been adapted to meet people's needs. One person had changes made to their personal space to keep them safe. Staff understood the importance of the adaptations and we saw these were clearly documented in the persons care plan as a response to an identified risk. We saw another

person had sensors in place to assist staff with monitoring them in the least restrictive way. There was a refurbishment to the communal living areas and the individual flats during the inspection. People were fully involved in the planning of this and making decisions about how they wanted the home to look. We saw the plans were effective at ensuring people had minimal disruption to their care during the work.

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.

Individual capacity assessments had been completed and discussions were held about how to make the decision in the person's best interest. For example, one person had a best interest discussion about the use of equipment to protect them.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, and were making appropriate DoLS referrals. The provider had plans in place to meet the requirements of the DoLS.

Is the service caring?

Our findings

At our last inspection on 14 December 2015 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One person told us, "All of the staff are nice here." Another person told us, "The staff support me, I have a good life here." Staff told us they had positive relationships with people and had spent time getting to know people well. We saw people were engaged with staff, talking about their plans for the day and laughing and joking. We saw people were happy to approach staff and ask questions and staff responded with kindness. One person spoke to staff about decorating that was taking place in their home whilst another spoke about where they were going for lunch.

People were supported to make choices and to maintain their independence. People told us they were involved in making all their own decisions during the day. We saw staff asking people what they wanted to do. One staff member said, "[Person's name] helps with all the food preparation and most make their own breakfast, we encourage everyone to do what they can for themselves." We saw people could do what they wanted and could access their own kitchens to make a drink or meal if they wanted to. We saw people making choices about what they needed to buy and arrange with staff to go out to the shops.

People had their communication needs assessed. Staff told us they understood how to communicate with people. We saw plans were in place to give guidance to staff on the best approach. We saw staff followed the plans and communicated with people effectively. for example, one person needed short sentences and for staff to speak slowly whilst another used signs and hand gestures to communicate with staff.

People had their privacy and dignity maintained. Staff were respectful when speaking with people and ensured they had their privacy protected. We saw staff knock doors and check it was ok to go in to people's flats. Staff checked with people if they were happy to speak with us. We saw conversations with people were respectful. Staff explained how they could give people privacy when they were supporting them by remaining outside their room.

Is the service responsive?

Our findings

At our last inspection on 14 December 2015, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received support which was responsive to their individual needs and preferences. People told us staff understood their needs and how they liked to be supported. One person told us, "I have [staff members name] with me today they know me well and we do things together." Staff told us they had built strong relationships with people and understood their needs and routines. Staff told us peoples had specific routines and preferences and they could describe these to us. We confirmed these were also documented in people's care plans. One staff member told us, "We review care plans and update things monthly. We look back at the last month and see what has been achieved and decide what is next. We look at people's individual budget with them and plan activities for example." Peoples individual preferences were assessed and used to inform peoples care plans. Care plans included information about peoples protected characteristics such as their culture and religion.

People were supported to do things they enjoyed and have access to the community. One person told us, "I decide what I want to do, I am doing a jigsaw I like them, the picture is hard but I will do this eventually." Another person told us, "I am going out shopping, I have saved some money and now I am going to get a few things I need." People described their individual hobbies to us. One person spoke about going swimming and saving for a holiday with family. Another person told us they loved music and playing computer games. Staff told us people enjoyed doing different things and they could plan and take people where they wanted to go. We saw people were engaged throughout the inspection in activities in the home or out in the community with staff.

There was a system in place to investigate and respond to complaints. People told us they felt able to make complaints if they needed to. One person said, "I can tell someone if I am upset about anything and I know they listen to me." The unit coordinator told us there had not been any complaints since the last inspection. However, there was a system in place to respond to complaints should any be received.

There was no one receiving end of life care at the time of the inspection. The unit coordinator told us one person had made some decisions about their future wishes and we saw this was documented in the persons care plan.

Is the service well-led?

Our findings

At our last inspection on 14 December 2015, we rated Well-Led as Good. At this inspection Well-Led remains rated as Good.

The staff told us the aim of the service was to promote independence and provide a home. They said the service was people's home and they were there to support and accommodate people's needs, wishes and preferences. The staff were encouraged to support people to achieve their aspirations and goals. The registered manager told us there was a strong staff team in place and they worked as a team to provide people's support. We saw people were at the centre of the home, their choices and decisions were driving how the support was delivered throughout the inspection.

The provider had systems in place to check the quality of the service. For example, checks on accidents and incidents, care plans, medicines and a review of any behaviours that challenged and the actions taken. We saw audits were effective in identifying patterns and making changes. For example, the behaviour audit had identified an increase in behaviours through one month and the reason for this had been identified through the review.

There were systems in place to seek feedback about the service and make continuous improvements. For example, there were meetings held with the people living at the service to discuss any concerns and make plans. There had been discussions with people about refurbishment. We saw people had been choosing how to have their flats decorated. People told us they attended the meetings and felt able to say what they wanted to see change. Staff told us they listened to people and we saw there were notes of the meetings which had been produced in an accessible format. The registered manager had systems in place to support staff and staff told us they felt engaged in the service and supported. Staff had access to regular opportunities to discuss their role.

The provider worked in partnership with other agencies. The unit coordinator told us they worked with other agencies to plan and deliver people's support. We saw a range of different professionals were involved in people's care.

There was a registered manager in post at the time of our inspection. 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.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.