

# Bedfordshire Supported Housing Limited

## Rutland Road Care Home

### Inspection report

37 Rutland Road  
Bedford  
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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

Rutland Road Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home provides accommodation and care for up to five people living with mental health needs. At the time of our inspection five people were living in the home.

At our last inspection 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 on-going 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. People had a choice about the care they wanted at the end of their lives.

The registered manager provided stable leadership and effective support to the staff. People, relatives and staff feedback was listened to and improvements made in a timely way. The provider had effective quality monitoring systems in place to ensure that they consistently provided a service that was safe, effective, compassionate and of good quality.

## 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.

# Rutland Road Care Home

## 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 comprehensive inspection took place on 14 March 2018 and it was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was of previously using this type of service.

We used information the provider sent us in the Provider Information Return. 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. We reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us. No concerns had been raised by the local authorities that commissioned the service.

During the inspection we spoke with four people using the service, three care staff, the manager who was responsible for the day to day management of the service. We also spoke with the registered manager, who was also the nominated individual. We observed how staff supported people in communal areas of the service.

We looked at the care records for three people to review how their care was planned and managed. We looked at five staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

# Is the service safe?

## Our findings

The provider continued to protect people from potential abuse, harm and risks.

People told us they were safe living at the service and that staff supported them well. One person told us, "I feel really safe. Buzzer at the door, no one can come straight in and staff are always here." Another person said, "I feel really safe. Staff are good and the people I live with are good."

Staff received appropriate training and guidance on how to keep people safe. Staff we spoke with showed good knowledge of local reporting procedures. Information about safeguarding was displayed in prominent areas so that anyone who wanted to raise a concern knew what to do. There was evidence that the registered manager took appropriate action to report potential safeguarding incidents.

Potential risks to people's health and wellbeing had been assessed. Risk assessments ensured that people and staff knew how to mitigate these risks. People told us that they had been involved in assessing potential risks, but none of them recalled being involved in any recent incidents. There was a system to report, record and review incidents that might put people at risk and we saw that where necessary, appropriate action was taken to reduce further risk. One person told us, "If something was to happen it would be logged into a book."

Records showed that there were safe staff recruitment procedures, and there was sufficient numbers of staff to support people safely. One person told us, "There is enough staff. Not too many, just right."

People's medicines were managed safely in order for them to receive effective treatment. People we spoke with were happy with how staff supported them with their medicines. One person said, "Staff help me with medication three times a day, and is always on time."

People were supported in a way that ensured they were protected from risks of acquired infections and the service was clean. People told us they were involved in cleaning the service including one person who said, "It's always clean. We do our own bedrooms and take it in turns to clean the house." Others said staff helped to clean the rest of the house.

# Is the service effective?

## Our findings

Staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. Staff worked within the guidelines of the Mental Capacity Act 2005.

People told us that their care needs were met by the service. They had assessments of their care and support needs carried out prior to them moving to the service to ensure that their needs could be appropriately met by staff. Personalised care plans took into account people's needs, choices, views and preferences. People told us they had been involved in planning their care and support and they regularly spoke with staff to review if these were still relevant to their needs. One person said, "Needs and preferences are assessed."

Staff told us they had received appropriate training to enable them to carry out their job role. One member of staff said, "We get enough training." People told us they thought staff were well trained and had the right skills to support them. One person said, "They are well trained and I couldn't ask for much more." Staff also said that they had regular supervisions and were supported well by the manager. They found consistent support enabled them to carry out their roles well.

People told us they were supported by staff to eat well to maintain their health and wellbeing. They were complimentary about the quality of the food and were happy that they were involved in preparing and cooking the food. One person said, "The food is good. It's not the same every day and we always have a say." Another person said, "Food is good. We get choice of what to put on the shopping list and can pick what we want."

People were supported to access healthcare services when required. We saw people were seen by a variety of professionals including GPs, dentists and opticians, and this was confirmed by people we spoke with. One person said, "Physical health needs are met and they would book a GP appointment for me."

The provider ensured that the design and decoration of the service promoted effective care, and adaptations were made if required to enhance people's independence. People had their own bedrooms which they were encouraged to furnish and decorate as they wished. People told us they were free to access all communal areas of the service, and they felt comfortable sharing these areas with other people who lived there.

People told us staff always asked for their consent before providing any support. One person said, "They would speak to me first." We noted in the care records we looked at that people had signed consent forms in relation to their care and treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found these were met. Records showed that most people had capacity to make decisions about their care and support, and people we spoke with confirmed this.

## Is the service caring?

### Our findings

Staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence were respected and promoted.

People told us staff were kind and caring. One person said, "They are kind and respectful." Another person said, "I think it's pretty good. They are always there if you want to chat to them about anything." Our observations supported this as it was clear that staff had developed caring and respectful relationships with people.

People told us they were always involved in making decisions and choices about their care, and this was evident in their care records. People further told us that staff always took into account their individuality and preferences in the way they supported them. One person said, "Staff understand my personal needs, involve me if anything was to change as they would talk to me." There was an advocacy service available to provide independent support to enable people to adequately express their views and wishes.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. One person said, "They don't mind if I want to be myself, they leave me undisturbed. I can go to my room whenever I want." Another person said, "Sometimes they might knock on my door when am in my room but normally they just leave me to it."

People also said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. They also said that they could have visitors and they sometimes visited their relatives too. Staff told us that some people had developed friendships with people who lived in a neighbouring care home also owned by the provider and were free to socialise together.



## Is the service responsive?

### Our findings

People were still being supported to receive person-centred care that was responsive to their individual needs. People's concerns and complaints were managed effectively and improvements made.

People's care plans showed that they were supported in a person-centred way so that their individual needs were met. Staff told us they worked closely with people to regularly review care plans to ensure that these continued to meet people's assessed needs. This was confirmed by people who told us they were happy with how their care was managed. People told us that their care and medicine treatment was also regularly reviewed by the community mental health team, and staff supported them to attend these appointments. One person said, "Once every three months I see a consultant."

People told us they were supported to pursue their hobbies and interests in the local area. They told us of various activities and groups they attended including a person who was learning to play a musical instrument. One person said, "I go to the cinema, daytrips, cooking and to town with other residents and staff." Another person told us, "I enjoy going to the music group and playing snooker."

People's concerns and complaints were handled effectively. People told us they were happy with their care and they had no reason to complain. One person said, "I don't complain but if I did, I feel I would be listened to." Records we saw showed that the registered manager took appropriate action to deal with any complaints or concerns raised by people using the service.

Staff were working with people to develop robust end of life care plans. People told us they had a choice about the care they wanted at the end of their lives, but some had not fully thought about this because of their young age. However, one person told us that they already had a will in place.

## Is the service well-led?

### Our findings

The service was still well-led, and the provider had robust quality monitoring systems in place to ensure that they continued to provide good quality care to people using the service.

There was a registered manager in post who was supported by a manager with responsibility for the day-to-day management of the service. 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 told us the service was well managed, and that all staff were approachable and helpful. One person said, "I can speak to anyone." There was a positive culture within the service which promoted a person-centred approach, openness, and inclusive working with people using the service and their relatives. People were complimentary about the quality of the service and this was reflected in the positive feedback they provided. They felt consulted about developments in the service during regular meetings.

Equality, diversity and human rights principles were embedded in the provider's ethos and policies so that there were no discriminatory practices within the service. Everyone we spoke with said their individuality was always respected.

Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff roles were discussed.

The provider had effective systems to assess and monitor the quality of the service. Managers completed regular audits and took appropriate action to rectify any shortfalls in a timely way. They also had an external audit completed by an independent organisation to ensure that they still met the regulations. This ensured that they continually improved the quality of care provided to people using the service.