M Jalal

Ruksar Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection and took place on 14 January 2015. At our previous inspection in May 2014 the provider was not meeting the law in relation to cleanliness and infection control. Following our May 2014 inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

Ruksar Nursing Home provides accommodation and nursing care for up to 27 older people. There were 27 people using the service when we inspected.

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.

Most people were positive about their experience of the service and were complimentary about staff and the management team.

Summary of findings

We found some improvements in the service since our last visit. During our last visit we had found a number of areas which were not meeting standards in terms of cleanliness and infection control. We saw that these areas had been addressed by the provider. However, we saw that three mattresses and a bed-rail bumper had holes in their plastic coverings, which could affect infection control.

We found that people, who staff told us lacked capacity to make certain decisions, did not have the appropriate completed records to demonstrate how decisions had been made in their 'best interests', and their rights protected.

Staff were not always aware of people's medical conditions, for example; diabetes and how this affected their care. Staff did not always keep records which showed concerns about people's health needs had been addressed. This meant there was a risk these would not be followed up with appropriate healthcare professionals.

The provider had carried out checks on staff, prior to them starting work at the service, to ensure they were of an appropriate character to care for people. However, we found that some references were not obtained from staff member's previous employers, as would be expected.

Staff demonstrated that they could identify abuse. They were clear about their duty to report abuse. Risk assessments were in place to ensure any risks in respect of activities people may undertake, was reduced. There were enough staff to ensure people received prompt attention.

People were given the medicines they required to support their health and well-being.

Staff were able to communicate with people in their preferred first language. Staff took account of people's cultural needs as part of their care, including their food preferences. People's health was supported through adequate food and drink. People's health was also supported through appointments with external healthcare professionals, such as GPs.

Staff treated people with kindness and compassion. People who used the service responded well to staff. Staff listened to people's opinions and respected their privacy and dignity. Staff supported people to maintain relationships which were important to them.

Staff were supported by the management team to remain effective in their roles.

People told us they felt confident in raising issues with the staff and management team. The provider sought the opinions of people using the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found that the cleanliness of the service had improved since our last visit. However, we found holes in the plastic coverings of three mattresses and a bed rail bumper, which meant these items could become contaminated.

Appropriate references had not always been obtained when members of staff had started working at the service.

Staff were clear about how to identify abuse and report it.

Risks to people were assessed and acted upon. People received the medicines they needed to keep them healthy.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Decisions made in people's 'best interests' were not appropriately recorded. Staff were unclear about the impact of Deprivation of Liberty Safeguards on people using the service.

Staff were able to communicate with people in their preferred first language, which meant that staff were able to understand people's wishes. People were provided with their choice of culturally sensitive foods.

People received appointments with external professionals in order to support their health and well-being.

Is the service caring?

Good

The service was caring.

People were positive about the staff that supported them. We observed caring and compassionate interactions between staff and people using the service.

People were involved in decisions about their care and staff respected people's decisions.

People's dignity and privacy were respected. Care records reflected people's wishes around their cultural and religious requirements. We observed that these preferences were respected by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

We found a lack of records to support actions taken by staff in response to people's health needs. Not all staff were aware of the dietary requirements of people in respect of health conditions.

Summary of findings

People were supported to follow their interests and hobbies. Staff ensured people received stimulation throughout the day.

People were supported to maintain relationships which were important to them.

People felt able to raise issues with staff and people's opinions of the service were sought by the provider.

Is the service well-led?

Requires Improvement 

The service was not consistently well- led.

We found that the providers own audits did not always identify issues we had found during the inspection.

People were complimentary about the management team at the service. People felt the manager and provider were accessible to them.

Ruksar Nursing 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. We also checked to see whether improvements had been made since our last inspection.

This inspection took place on 14 January 2015 and 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 service. The expert by experience, in this instance, had personal experience of caring for someone who used this type of service.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

During our inspection we spoke with four people who used the service, one relative and an external healthcare professional. We also spoke with the manager, two care staff and the cook.

We reviewed the care records of three people who used the service and records relating to the management of the service. These included provider audits and staff records.

We undertook general observations in communal areas. We used the Short Observation Framework for Inspection (SOFI) during lunchtime in the dining area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection of 14 May 2014 we found that the provider was not meeting the law in respect of cleanliness and infection control. The manager had sent us an action plan to say how these matters had been addressed. We checked to see if these improvements had been made. We looked at people's bedding because we found issues with the cleanliness of this during our inspection of 14 May 2014. We saw that pillows, duvets and other bedding was clean and odour free. However, we found that three mattresses, which had plastic coverings on them, had holes in these covers. The mattresses were clean, but the holes in the covers could allow the main body of the mattress to become contaminated.

We found that one person had bumpers on their bed rails. The plastic coating of these bumpers had deteriorated, meaning that the padding below was exposed. This meant that the padding, although visibly clean and odourless, could become contaminated. The manager undertook to replace the damaged mattresses and bumpers. We saw that the bumpers were replaced with new ones before we completed our inspection. The manager informed us that they were unable to replace one of the mattresses we had seen immediately, because a further new mattress needed to be purchased. The manager undertook to ensure this was purchased and replaced.

We found that cleanliness and infection control in other areas of the service had improved since our last inspection. We saw, from staff records, that a domestic member of staff was employed to clean each day and that a second member of staff undertook deep cleaning sessions at the service. We saw that people's rooms were clean and that flooring was intact, meaning it could be cleaned effectively. We found that the sluice room was clean and clutter free. This meant that people were protected from the risks of cross infection in these areas.

We looked at staff records to establish whether the provider followed safe recruitment processes. We saw that staff had received Disclosure and Barring Service (DBS) checks (previously known as Criminal Records Bureau checks), to ensure they were safe to work with people at the service. A staff member confirmed that they were not allowed to start working at the service until the results of their DBS had been received. We also saw that the provider had gathered information on staff's employment history and qualifications to see if they were appropriate to care for people.

We looked at the references which had been obtained prior to staff starting work at the service. We found that some references had been completed by people who had worked with these staff, but had not held a supervisory position in relation to them. We found that not all references had been provided from people's previous employers. We spoke to the manager about the importance of obtaining references from last employers so that they could be sure staff were of good character. The staff in question had worked in excess of 12 months for the provider, and had been subject to an induction period, supervisions and appraisals. The manager undertook to complete risk assessments in relation to these staff to ensure they were safe to care for people.

All four people we spoke with told us they felt safe using the service. One person told us, "I don't feel any danger here. Yes I am safe here". Another person told us, "Everything is okay- they look after me well. Yes I am safe here". A third person said, "I feel very safe here". We spoke with two staff who demonstrated that they were able to identify different types of abuse. Staff told us they would report suspected abuse to the manager or nurse in charge. We saw that the service had a policy which provided staff with information about how to keep people safe. This meant that staff knew what to do if they suspected abuse.

We saw that risk assessments were put in place to reduce the risk to people which may be increased through, for example, the use of particular equipment or certain activities. For example, some people used bed rails to prevent them from falling from their beds. We saw that the risks of the use of bed rails had been considered in people's care records. We saw that risk assessments had been carried out to understand the level of risk of people sustaining falls or sustaining sore areas of skin. We saw that relevant care planning was completed in response to levels of risks.

However, we found that some people required assistance to move or walk. We looked in people's rooms to see if they had access to call bells, so that they could alert staff if they required support. We found that some people did not have calls bells which they could safely reach. The manager explained that they had just had a new call bell system

Requires Improvement

Is the service safe?

fitted and the cords had been fitted at the same time. We could see that call bell units were new. During our inspection, the manager obtained longer call bell cords for people's rooms, so that they could summon assistance without having to over-reach or attempt to move unsupported.

We saw that incidents and accidents were reviewed to ensure risks to people were reduced. We saw that accident and incident forms were appropriately completed by staff. Although we saw that there had been no recent injuries sustained by people using the service, we saw that the provider took into account incidents in order to inform people's care planning. This meant that, where the provider had identified issues, these were reflected in people's care plans in order to reduce risk.

People told us that there were enough staff available in order to support them safely. Our own observations confirmed this. For example, we observed that call bells were answered in a timely way by staff. We observed staff delivering care in a skilled way.

People we spoke with told us they received the medicines they needed. We observed a member of staff administering medicines to people. We saw that they carried this out in line with best practice. For example, they waited to ensure people had fully taken their medicine before moving on to assist the next person. We found that stocks of medicines tallied with people's medication administration records. This meant that people were receiving the correct medicines in order to support their health. We saw that guidance around how "when required" medicines should be given to people, such as pain relief, was available to staff. This meant that staff were able to support people with the medications they needed at the time they required them.

Requires Improvement

Is the service effective?

Our findings

We spoke with staff about their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes when balancing autonomy and protection in relation to consent or refusal of care. Staff demonstrated knowledge about how they should support people's rights. For example, staff told us that people had the right to refuse aspects of care, if they wished. However, staff were not clear about the provision of DoLS. All staff we asked told us they did not know who was, or was not, subject to a DoLS at the service. No one was subject to a DoLS at the time of our inspection

We looked at the care records of three people staff told us did not have the capacity to make certain decisions. We saw that there was a lack of mental capacity assessment to show whether people were able to consent to aspects of care. We also saw that people did not have best interest forms in their records to show how decisions had been reached about the provision of their care and treatment, to protect their rights. The manager was also unclear about their duties in respect of best interest decisions and DoLS. We saw that there was one completed best interest form for a person. This was not suitably completed and showed the decision was in respect of all their needs and care, rather than different areas of care and treatment they might need. This meant that there was a risk people's rights would not be supported as required by the law.

This demonstrated a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "The [staff] who are here are good". Most people we spoke with told us that staff were skilled in supporting them in the way they required. Another person said, "The [staff] are lovely. They really look after me".

Some people who used the service did not use English as their first language. We saw that some staff on shift were able to speak people's preferred language. We found that other staff had learnt some words in people's preferred language, in order to communicate effectively. Staff told us that they were supported in carrying out their roles. Staff told us they had received training in important areas of care and training records confirmed this. Staff told us that they received regular supervision and had an annual appraisal. They told us these meetings allowed them to discuss any issues they might have. All staff we spoke with told us they had undertaken an induction process prior to being permitted to work alone. This had allowed them to understand the service and the needs of the people using the service. We observed staff supporting people in a skilled way. This meant that staff had the skills and knowledge in order to support people in the way they required.

One person told us, "It's all fresh food". Most people were complimentary about the food provided and the choice of food on offer. Another person said, "They keep giving us food". However, one person told us they would like different choices. They said, "Sometimes I would like to say 'I'd fancy that, or I could do with…". Staff told us they accommodated people's alternative choices, if they requested this.

We saw that people were given a choice of foods to eat at lunchtime. We found that one person was enjoying a specific dish they had requested. People's cultural food requirements were met. We spoke with the cook who showed good knowledge of people's needs. Care staff also knew who required certain foods to adhere to their cultural and religious preferences. These preferences were detailed in people's care records and we saw them receiving their preferred foods.

One person said, "The [staff] know that I like tea in my room after 3pm". We saw that people ate lunch where they preferred to. For example, some people sat at a table while others ate in lounge chairs, or in their bedroom. We saw that one person was reluctant to eat. Staff tried to encourage this person to eat in a calm and caring way. We saw staff assisting people to eat. We saw this was done in a safe way and at a pace to suit the individual.

People told us they saw external health professionals when needed. One person told us, "I can have the optician around if I want to. That dentist came last week" and "There is a doctor that comes in; not very often, but if I need anything it is always done". People's care records confirmed that they were supported with appropriate healthcare appointments, including GPs, chiropodists and district nurses. We spoke with a visiting healthcare

Requires Improvement

Is the service effective?

professional, who also managed other professionals who visited the service. They told us they had no concerns about the service and their colleagues had not raised any issues.

Good

Is the service caring?

Our findings

People we spoke with were positive about staff at the service and praised individual staff members. One person told us, "[name of care staff] is brilliant, [name of care staff] really is". We saw that interactions between staff and people were caring. People told us they received the support they needed from staff. Staff spoke with people in a compassionate way and people responded well to staff. Staff were encouraging towards people, for example, while assisting them to eat. We heard staff addressing people using culturally appropriate terms of respect.

People told us they were involved in decisions about their care. We observed staff checking people's preferences with them and explaining options clearly. For example, the cook checked with one person what their preferred dish was for lunch. We saw that this person received the choice they asked for. People's care records contained person centred information about them, which detailed their individual choices around aspects of day to day life. Staff were able to accurately reflect these. We saw staff supporting people with these preferences.

Staff respected people's dignity and privacy. We saw, in one person's care records, that it was important to them to have their head covered. We saw staff ensuring this person's head cover was in place. People were dressed in individual styles. Some people wore clothing which reflected their cultural preferences. Staff provided us with accurate information about people's preferences in terms of how they preferred their care to be given. We saw staff knocking on people's bedrooms doors before entering. Staff gave examples of how they respected people's privacy. People we spoke with told us that staff respected their privacy.

We observed staff supporting people to be as independent as possible. For example, staff supported people to complete tasks, as far as they were able to. Staff gave us good examples of how they supported people to be as independent as possible.

Requires Improvement

Is the service responsive?

Our findings

All people we spoke with told us staff responded to their needs. A visitor we spoke with was less positive about how the service had responded to their relative's needs. This visitor told us, "I don't think [staff] check [person's name] diabetes- I don't think so". We looked at the care records of two people who had diabetes. We saw that staff carried out regular checks of their blood sugar levels , however, care records did not show what was an acceptable blood sugar range was for them. The manager told us that these two people's blood sugar levels should be within the average range.

We saw that one person had two readings which were slightly higher than the average range. The second person had readings which were considerably above the normal range for a number of consecutive days. We asked the manager if advice had been sought from an appropriate medical professional regarding this. The manager told us that the GP had been faxed by one of the nurses. However, the manager could not show us any fax receipt or written record to support this. This meant that staff were not using systems in a way which would record these types of contacts. This would also not provide a check to see if advice needed to be chased, where a response was not given. This presented a risk that people might not receive the medical attention they required and become ill as a result.

We found that the first person, who had two slightly higher than normal readings, had diabetes which was controlled through diet. This meant that their consumption of sugar was to be limited in order to manage their blood sugar levels. We asked a staff member if this person required a specific diet. They told us the person did not have specific dietary needs in respect of sugar and they would, for example, be able to offer them a plate of biscuits. This meant that there was a risk that some staff were not supporting this person with a diabetic appropriate diet, which could affect their health. We raised this issue with the manager who undertook to address this with staff.

Some people told us they liked to worship and staff supported this. The manager described how some people were taken to local places of worship. One person told us, "The [staff] know that I like to go up to my room at 3pm. I like to watch the Sikh channel for the prayers in the evening" and "I also go to the temple with one of the [staff]".

We saw one person had a book with them. They told us, "The staff know I love books and they bring me books so I can read my novels. The manager did that so I know I can pass my time here". Another person told us, "They throw balls or have mini games with the football. Always doing things here. We do exercises every day" and "We go to the park if the weather is good". We saw staff chatting with people and playing games, such as Connect 4, with them. People had the opportunity to be involved in stimulating activities.

One person told us, "When my [relative] rings from [overseas] they take me in to the office so I can talk to him". They also told us how they had been accompanied by a member of staff so that they could attend a family event, which was important to them. Staff members were aware of who regularly visited people and who people's relatives and visitors were. We observed staff welcoming visitors and facilitating family visits with people. This meant that people's important relationships were supported by the staff.

All people told us they felt confident to raise issues with various members of staff. One person told us, "I speak to [the provider's name] if there's anything I am worried about". Another person told us, "I don't complain. If there was a problem I would speak to the staff and my [relative]". We noted that complaints were detailed in a book which was accessible to people using or visiting the service. We spoke with the manager about ensuring complaints information was kept securely in order to respect people's confidentiality. They agreed to make sure this type of information was secured. We saw that the provider had a robust complaints policy in place, which outlined how complaints would be dealt with.

The provider gathered people's views through the use of surveys and residents' meetings. We saw that a recent survey had been completed, but that the provider had not had an opportunity to analyse the responses. We saw that the survey asked questions of people who used the service and their relatives. Responses to these questions were mostly positive. The manager told us that the surveys would be analysed to determine if actions were required as a result of any comments people made. We saw that a

Requires Improvement

Is the service responsive?

resident's meeting had been held in November 2014. This meeting included discussions about upcoming celebrations; such as Christmas and Diwali. This meant that people had different ways in which they could make their opinions about the service known.

Requires Improvement

Is the service well-led?

Our findings

The provider carried out a variety of audits. These included audits which ranged from infection control to medication administration. We saw that there had been improvements in areas which were being audited since our last visit of May 2014. For example, cleanliness had improved at the service.

However, we found that some audits had not identified issues we had found during our inspection. For example, we saw that the provider carried out audits into the condition of all mattresses. However, we found three mattresses whose plastic coatings had holes in them. We found that, despite the carrying out of care record audits, records did not contain appropriate assessments concerning people's abilities to make decisions, or how decisions had been made on people's behalf's, where necessary. This meant that some of the provider's audits were not robust enough to have identified these issues before our inspection.

All people we spoke with were complimentary about the management team. People told us that the provider was often present and they were able to raise issues directly with them. They told us, "I talk to [the provider] about anything". People also told us that the manager responded well to them and was available to speak with. One person told us, "One of the [staff] is the manager. She walks around here. They are alright. I have no problems".

We observed the manager and the provider speaking with people, to ensure they were comfortable. Staff told us that the provider would regularly visit the service and talk with people. One person told us that they often spoke with the provider about how things were. Staff told us that the provider had established a good rapport with this person and so would often take the time to speak with them. This meant that the management team and provider were visible at the home and were proactive in seeking people's views to improve their experience of the service.

There was a registered manager in post at the service. One member of staff told us, "There's a really good atmosphere here. The management are very good; no problems". All staff we asked told us they had an induction programme when they first started working at the service. They told us this process had helped them to become familiar with the service and people's needs. Staff told us they felt confident in approaching the management team with issues or questions they had. This meant that staff were supported by the management team to deliver their duties.

We saw that the manager held regular staff meetings. We looked at the minutes of the last staff meeting, which were dated October 2014. We saw that important issues, which affected people's well-being, safety and experience of the service, were discussed. We also saw that staff used a communications book. This book included important information about what had happened during the shift so that all shift members had information about, for example, people's additional medical needs. This meant that the provider has systems in order to share information among staff to improve people's experience of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.