Vista

The Kathleen Rutland Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 15 February 2016 and the visit was unannounced.

The Kathleen Rutland Home provides accommodation for up to 47 older people who have a sensory impairment. The home also supports people with dementia type conditions. At the time of our inspection 42 people were using the service. The accommodation is over two floors and the upper floor can be accessed via the lift, stair lift or the stairs. All of the bedrooms are single rooms with en-suite facility. There are choices of communal sitting areas for people to use and a large dining room.

It is a requirement that the home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a new manager had been appointed who was applying through the Care Quality Commission (CQC) to become the registered manager.

People told us that they felt safe and were supported by staff who knew how to deal with concerns about abuse. The provider had considered risks that people faced and had looked at ways of reducing these. For example, where people had fallen these had been audited and advice sought to support the provider to keep people safe.

The provider had a plan for how to support people to keep safe during an emergency. The premises and equipment were checked regularly although fire drills needed to happen more frequently.

Staffing levels were appropriate. Staff applying to work at the home were checked before they started working for the provider to make sure they were suitable.

People received the medicines that they required in a safe way. Staff were trained to handle medicines and their competency had been checked.

People received support from staff who had undertaken regular training. For example, staff had received training in dementia care. Staff were being supported by having regular meetings with their manager.

Staff understood the need to obtain people's consent before they carried out care. Most people could make decisions for themselves. However, where people may have lacked the capacity to do this, the provider had not always considered this in line with the Mental Capacity Act 2005. Staff did not always understand this legislation.

People had enough to eat and drink but were not always satisfied with the food offered to them. Where there were risks to people's nutrition, specialist advice had been sought.

People were receiving support to maintain their health. For example, people had access to a GP where this was needed.

People told us that the staff were caring. During our visit we saw that staff approached people in a kind and compassionate way. People were being treated with dignity and respect. For example, people's records were being kept secure.

Staff knew about people's interests and what was important to them. For example, people's religious needs were being met by staff who understood these.

People were involved in making choices about their day-to-day care and support where this was possible. Staff knew the importance of doing this to support people to be as independent as possible. Where people may have wanted to use an advocate, information was not available.

It was not always documented how people had contributed to their care plans. These documents contained some information that was based on people's individual preferences but was not always detailed. Staff worked with people in a person-centred way.

People undertook activities that they were interested in and enjoyed. For example, people had been to the theatre recently.

People and their relatives knew how to complain as the policy was displayed. Where complaints had been received, the provider had dealt with these appropriately. People could also offer their feedback to the service as meetings and questionnaires had been arranged by the provider.

Staff received support from the management team. They were clear about their responsibilities and could offer ideas for improvement.

The provider had made arrangements to gain feedback from people's relatives. Feedback received had been used to improve the service offered.

The manager was clear about their responsibilities and had made a referral where there were concerns about a person. They also had ideas for improving the service. This included making the environment more dementia friendly.

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.

People were safe and staffing levels were appropriate to maintain their safety.

Where people were at risk, this had been assessed with plans in place for staff to follow. The home and equipment had been checked to make sure it was safe.

Staff recruitment was robust and staff knew how to keep people safe.

Medicines were being managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received regular training including dementia care.

Staff did not always know their responsibilities under the Mental Capacity Act 2005. Where people may have lacked the capacity to make decisions this had not always been assessed. Staff understood how to obtain people's consent.

People had mixed views on the food offered. Specialist advice had been sought where there were concerns about people's nutrition and health.

Is the service caring?

Good

The service was caring.

Staff were kind and people were happy with their approach.

Staff knew about people's interests and things that mattered to them.

People were treated with kindness and compassion.

People were involved in making choices. However, advocacy information was not available.

Is the service responsive?

Good

The service was responsive.

People received care based on their preferences and individual needs. The recording of this was not always detailed.

People undertook activities based on their interests.

People knew how to make a complaint and they could offer feedback to the provider.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear of their responsibilities.

Staff and relatives were able to offer suggestions for improvement that were acted on by the provider.

The manager was aware of their responsibilities.

Quality checks were in place to make sure that people received a high standard of care and support.

The Kathleen Rutland 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 February 2016 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included previous inspection reports and statutory notifications that the provider had sent to us. A statutory notification contains information relating to significant events that the provider must send to us as required in law. We also sought feedback from the local authority about their current knowledge about the service.

We spoke with 11 people who used the service and three of their relatives. We also spoke with the operations manager, a deputy manager, an assistant manager and seven care staff. The newly appointed manager was on planned leave on the day of our inspection so in their absence we spoke with the operations manager. This person had overall responsibility for the home as well as other services the provider owned. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people who used the service and other documents about the running of the home. These included medicine records, health and safety checks and quality assurance documentation. We also viewed four staff files to check the recruitment processes and to look at the support staff had received.

We asked the operations manager to submit documentation to us after the inspection. This was information related to meetings people had been involved in, policies and procedures about safeguarding adults and confirmation of references having been received by the provider when recruiting staff. The operations manager submitted these in the timescales agreed.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I absolutely feel safe". Another person told us, "I never feel concerned". A relative confirmed this and told us, "I think that my mum is very safe". Staff described how they had helped people to feel safe. One staff member said, "I always reassure people, always make sure they know what is happening and talk with them".

People were supported by staff members who were knowledgeable about how to deal with concerns in relation to harm and abuse. One staff member told us, "I would talk to the person then I would speak to the senior. I would always find out what was upsetting the person". This was in line with the provider's policy on the safeguarding of adults that was available to staff. We saw records that showed that staff had received training in the protection of adults. In these ways the provider had made sure that staff were able to offer protection to people against harm and abuse.

Risks to people had been considered. We saw that assessments had been completed to try and reduce the likelihood of harm. For example, where people were at risk of falling, a risk assessment had been put in place. This instructed staff to remind a person to use their equipment when walking on their own. We saw that the provider had audited falls to try to understand why they had occurred. However, clear actions had not been identified to establish why people had fallen. The operations manager told us that they had been working with the local authority's quality improvement team. The aim was to understand the nature of the falls and what preventative measures could be introduced to reduce the amount of falls. This meant that the provider was taking appropriate action to support people to stay safe.

Some people using the service displayed behaviour that could challenge others. Staff told us how they had kept people safe when this had happened. One staff member said, "We are all different and some people respond better to other people. So if someone is upset it maybe that they need another person to talk with them". Records about people's risks had been regularly updated which meant that staff had up to date information to keep people safe.

The provider had a plan of what to do in an emergency. This included fire evacuation procedures, contact details for utility suppliers and alternative local emergency accommodation. People also had individual evacuation plans in place in order to leave the building during an emergency. In these ways the provider had taken steps to keep people safe during incidents.

People told us that the premises were safe. One person said, "It's fine, I have no worries". We saw that generally the home was clear of clutter that had helped people to move around safely. However, we saw cables on the floor outside of a person's bedroom that could have been a trip hazard for people who could not see them. When we spoke with the operations manager about this they told us that they would remove these. We looked at records that showed equipment had been regularly checked. However, we found that a fire drill had not occurred for several months. After the inspection, the operations manager sent us information that showed monthly drills had been planned as well as twice yearly evacuation practices.

People told us that they were satisfied with the amount of staff at the home. One person said, "If you fall they are with you in a minute". Relatives also thought that the staffing levels were appropriate. One relative told us, "I think there are enough staff. There are usually loads of staff". Staff also commented on this. One staff member told us, "I think staffing levels are okay. If we are short or if someone phones in sick then the seniors organise cover. We are rarely short on a shift". We asked the operations manager about how staffing levels had been worked out to make sure there were sufficient staff. They told us that they had used a tool to calculate this but did not think it had been used well in the past. The operations manager described how they had started to look at the time staff actually spent supporting people. On the day of our visit we found there were enough staff to support people to stay safe.

Risks to people were being minimised by the provider having a thorough recruitment process in place. This included the provider's policy detailing the need to verify that staff were suitable to work at the home by obtaining references and a criminal records check. We saw records that confirmed these checks had occurred.

People received their medicines as prescribed in a safe way. One person told us, "They give me them in the morning with my breakfast then one more in the evening. I have no worries". We observed medicines being offered to people. Staff members were careful to not leave medicines unattended and they stayed with people to make sure medicines had been taken. This was in line with the provider's medicines policies and procedures which had been made available to staff. People received pain relieving medicine if they needed it. One person commented on this and told us, "They ask me if I am in pain and give me tablets if I need them". We saw that medicines were stored safely and accurate records were in place. Staff had received training in handling medicines and checks on staff had occurred in the last year to check their competency.

Requires Improvement

Is the service effective?

Our findings

People received effective care from staff who had the necessary skills and knowledge. One person told us, "I think they do know what they are doing". A relative also commented on this and said, "They are really good. What I like is that only staff who are trained to do certain things like moving my mum do it".

Staff told us that they had received effective support. One staff member said, "The training is very good, we are always doing something. The manager would support any extra courses if we need to go on something". We looked at the training records and found that staff had undertaken regular and on-going training in areas such as the moving and handling of people and dementia awareness. Staff described how training had helped them to improve the support they offered to people. One staff member told us, "I did the dementia awareness course and it has helped me in understanding why people do what they do". In these ways staff had been guided in how to provide effective support to people.

Staff members had been supported to complete the provider's induction when they had started working for the organisation. One staff member told us, "I had an induction when I started and it helped me know what people needed". Staff also described other support they received. One staff member told us, "I get on-going support from the seniors and I have supervision as well as an appraisal". Supervision is a process whereby staff members are offered support and guidance to provide effective support. We saw records that showed staff had received regular supervision in the last year. This meant that staff had received effective support in order to carry out their duties.

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.

When we checked whether staff were working within the principles of the MCA we found that this was inconsistent. We saw that some people may have lacked the ability to make their own decisions. For these people, their mental capacity had not always been assessed for specific decisions and meetings to discuss care provided in people's best interests had not taken place. This meant that there was a risk that people's human rights had not been protected. We fed this back to the operations manager who told us that some people had a legally appointed person to make decisions of their behalf. However, they told us that they would work with the manager to make sure people's capacity was assessed where necessary and any follow-on action taken.

Many people using the service could make choices and decisions for themselves and this had been recorded in their care plans. This meant that staff members had information when supporting people about people's decision making abilities. We saw that people were asked for their agreement before care was carried out. One person told us, "They always ask what help I need". Staff members were able to describe the importance of obtaining people's consent for care. One staff member told us, "We get to know people and

talk with them. When you are doing care you always chat with them. You ask people what they want".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had made applications to the 'supervisory body' (the local authority) where they had sought to deprive people of their liberty. When we spoke with staff members they were not aware who was subject to a DoLS authorisation. This meant that people might have been receiving support that was not in accordance with the authorisation. Staff confirmed that they had received training in the MCA and DoLS but were not always clear about their responsibilities. We spoke with the operations manager about this who told us they would discuss this with the manager to improve staff's knowledge.

People were being supported to eat and drink well. One person told us, "Food is nice and plenty of it. I can ask for more If I'm still feeling hungry. Snacks and drinks are available at any time of the day". People were also satisfied that they could take their meal in the place of their choosing. One person told us, "I like to have my meals in this room (the small lounge) as it is quieter. However, three people spoke about the quality of food and expressed concerns that it was not always satisfactory. One person told us, "The food varies. Sometimes it is lovely and sometimes not so lovely". The operations manager told us that the home would be serving home cooked food in the near future rather than ready meals that were sometimes served.

People had been involved in choosing what they ate. For example, residents meetings documented that people had been asked about their preferences. We saw that the lunchtime meal was served in a relaxed way. People were given time to eat their meals and the atmosphere was calm with people looking satisfied with the food offered to them. Where people were at risk of malnutrition, care plans were in place to support people to have a nutritious diet. One person had required a thickened and pureed diet and staff were aware of these recommendations by a healthcare professional. In this way people were being supported to eat and drink enough.

People's health needs were being monitored. One staff member told us, "We can see how they look and behave. If they are more confused they may need to have a urine sample taken as they may have an infection". People told us that they had access to a doctor. One person said, "You get to see the doctor if you are poorly". Records confirmed this had been taking place. People also received specialist support where there were concerns about their health. For example, a speech and language therapist had given advice where there were concerns about a person's swallowing. This meant that people had been supported to maintain good health.

Good

Is the service caring?

Our findings

People were being supported by staff who cared. One person told us, "I can find no fault". Another person said, "The staff listen to me, I am treated very well". Relatives also complimented the staff team. One relative told us, "Staff are great. They always make sure [person's name] looks smart and the clothes always match". We saw staff listening and speaking with people in a gentle and kind way. Where people were upset, staff offered reassurances that helped them to relax. People were reminded about what day it was and what was happening where people were confused. Where people were asked if they needed support to use the toilet, this was done in a private and sensitive way. This meant that staff respected people's dignity.

Staff knew about people's preferences and what was important to them which had been recorded in people's care plans. We saw staff talking to people about their hobbies and interests and used humour to engage people in conversation. Where people did not want to take part in an activity or discussion this was respected. We saw a staff member supporting a person who was concerned that they had not heard from their family member. The staff member offered to support the person to call their relative and they appeared happier.

We saw visitors to the home on the day of our visit. We were told that they could visit without restriction. One person told us, "My family visit when they want, they can just turn up". Staff showed care for people and their relatives by offering them quiet spaces when visiting. This meant that people were supported to maintain relationships that were important to them.

People had access to a chapel within the home. The practice of people's religion had been documented in people's care plans where this was important to them. Staff told us that everyone that lived in the home were either Christian or did not follow a religion. One staff member told us, "We have the chapel and a local church comes in. People are asked if they want to attend". In this way people were supported to practice their religion if they chose to by staff that understood the importance of recognising people's religious needs.

People were involved in making decisions about their day-to-day care and support where they were able to. One person told us, "I was involved (with their care plan) after I had been in the home about a week or so". Staff were able to describe how they had supported people to make their own choices. One staff member told us, "We ask them what they want to do, ask them about getting up, clothes they want to wear, where they want to spend their day. We saw people being given choices about how to spend their time and what they wanted to eat. People told us they felt listened to and their views had been respected by staff members. This meant that people were treated with kindness and compassion.

People were encouraged to be independent in a supportive and caring way. Staff told us about how they helped people to do this. One staff member said, "We encourage people to do as much as they can for themselves. If they can wash their face we encourage them to do it". We saw staff members gently encouraging people to do as much for themselves as possible. For example, we saw a staff member gently asking a person to cut up their own food rather than rely on staff as they could still use this skill.

Where people might have needed support from an advocate to speak up on their behalf, information was not available. We spoke the assistant manager about this who told us they would look at how to give this information to people.

People's information was being kept secure. Staff carried small electronic devises for storing information such as when personal care had been offered and carried out. The provider was looking to replace paper files with these electronic records. These devices were password protected and when not in use were locked in the manager's office. Other records, such as people's paper care files were stored securely. This meant that access by unauthorised person's had been considered by the provider.

Good

Is the service responsive?

Our findings

Some people had contributed to their care plans. One person confirmed that they had given information to the staff about their needs. The person described how they had come into the home with a pressure sore and staff had worked with them to get the right equipment. However, it was not clear in some people's care records that they had contributed to the planning of their care. A relative spoke to us about this and told us, "I wasn't involved in developing my mum's plan and neither was my mum". This meant there was a risk that people were not receiving support that was responsive to their individual needs. When we spoke with the operations manager about this they told us that they would look at their paperwork to show how people had contributed to their care plans.

People's care plans were reviewed monthly and contained information about the care and support people needed. For example, one person's moving and handling plan contained information on the correct equipment to use and the amount of staff required. We also saw some person-centred information such as the importance for a person to have the hairdresser visit them despite them being cared for in bed. Staff described what person-centred care was. One staff member said, "Everyone has different needs. Some people have two carers. We look at each person as an individual. A person may prefer a cup to a mug or need a beaker and not a cup". This meant that staff understood the importance of seeing people as individuals.

We found that some of the care plans we viewed were limited in the information available to staff. We fed this back to the operations manager who told us that they would work with the new manager to improve this. However, when we observed people being supported staff were responsive to people's needs and requirements. For example, one person asked to be supported to move into the dining room. This request was undertaken quickly by a member of staff. Relatives also confirmed that the staff were responsive to peoples' needs and told us, "The buzzers are answered quickly".

People told us that they were satisfied with the activities offered and were based on their interests and hobbies. One person said, "We go out in the minibus. We went to the panto before Christmas it was so funny". Staff confirmed that people had access to a wide range of opportunities. One staff member told us, "People have good access to activities here. Lots of different things". During our visit we saw various activities being undertaken including bingo, dominoes and an exercise class. People looked happy when they were taking part and there was lots of laughter. This meant that people were being protected from being socially isolated.

People received support that was based on their preferences. One person told us, "I can go to bed and get up when I want. If I don't want to do something I don't have to". When staff were helping a person to move, we saw that they encouraged them to do things for themselves. For example, to lift their own legs and to use their equipment to stand independently. Staff members gave the person time to undertake these tasks for themselves. In these ways staff enabled people to have control over their own care.

The provider had adapted the premises to be responsive to the needs of people with visual impairments.

For example, the paths were flat with rails available for people to use. There was also a talking menu, large numbers on people's doors and internet access available through having a specialist keyboard. We saw information available to people about having books and newspapers in a talking format. In these ways the provider had made adjustments to meet the needs of people living in the home.

People knew how to make a complaint. One person told us, "I would speak to one of the staff". Staff members confirmed that any complaints are handled in line with the provider's policy. One staff member said, "Complaints are taken to the senior or manager and they will speak with the person and deal with it". We saw that the complaints procedure was on display which meant that people or their relatives knew what to do if they wanted to make a complaint about the service. Where the service had received a complaint, action had been taken to improve staff's practice. For example, following a complaint it was found that not all equipment had been used as well as it could have been. The provider had made arrangements to improve this by having daily checks.

People had the opportunity to share their experiences of the care offered through attending regular residents meetings. We saw notes of these meetings and people had discussed the activities offered, suggestions for the menu and staffing changes. People had also been given a satisfaction survey to complete. Where people had ideas for improvement the provider had actioned these where they could. For example, where people wanted more choices of sandwiches, this had been addressed by the deputy manager by speaking with the kitchen staff. In this way the provider had listened to people about things that were important to them.

Good

Is the service well-led?

Our findings

People were able to tell us about the home having a new manager and that they had met them. The operations manager had been available at the home whilst they were recruiting for the manager's position. On the day of our visit we saw the operations manager being available to offer support and guidance to the staff team. This meant that the service was being well-led in the absence of the manager.

The management and care staff knew what their responsibilities were. We saw that the managers had different areas of responsibility. For example, one manager was a dignity champion and were responsible for checking how people's dignity and privacy was being upheld. The staff we spoke with were able to describe the provider's statement of purpose. This sets out what people can expect of the service. We saw that staff worked to the principles of the statement of purpose when we visited. For example, staff were treating people as individuals and offering care in ways that were important to people.

Staff members felt supported in their roles. One staff member told us, "We get thanked by managers if we have stayed late or worked particularly hard, we are appreciated". They had also received feedback on their work. For example, we saw that a member of staff had been subject to the provider's disciplinary policy. This had involved the provider being clear with the staff member about their expectations. In this way staff were given feedback so that they knew what action they needed to do to improve where necessary.

Staff were able to describe how they would report any concerns they might have about a colleague's working practices. This was in line with the provider's whistle-blowing policy that had been made available to staff and meant that staff could speak up if they had needed to.

Staff members were able to offer feedback to the provider. One staff member told us, "I attend team meetings and am given opportunities in these as well as supervision to raise any issues". We saw that regular staff meetings had occurred. These meetings had included discussions on the general running of the home and gave staff the opportunity to make suggestions for improvements to the service. This meant that staff had been involved in developing the service.

There was a system for involving relatives in the development of the service. Questionnaires had been sent to relatives and the results had been analysed and displayed in the home by the provider. Feedback included the request to replace furniture and on the day of our visit this was in the process of being undertaken. There was a clear action plan in place for how the provider had responded to the feedback received by relatives. This meant that the provider had promoted an open culture that was receptive to ideas for how it could improve.

When we spoke with the operations manager and deputy manager we were told about what was working well in the home and what needed to improve. The new manager had started a quality audit of the service to help this process. This incorporated the standards of care that the CQC check against. Although this had not been fully completed it meant that the manager was aware of their duties to meet the standards as set out in law. Other regular audits had occurred in areas such as medicines and cleaning. This meant that the

provider checked on the quality of the service it was providing.

Staff and the operations manager told us how the new manager had ideas for making the environment more dementia friendly. This showed good leadership as staff members seemed enthusiastic and willing to help with this. The operations manager told us how resources were available to make improvements to the environment of the home. They were confident that the new manager would lead on this.

The manager understood their responsibilities. For example, they had submitted a notification to the relevant authorities for an incident where they had concerns about a person. The outcomes of significant incidents had been used to improve the service people received. There had been a recent outbreak of norovirus within the home. The provider had made links with an infection control nurse who had made recommendations. This included having a policy and procedure to deal with this type of infection. The provider had put this in place with clear guidance for staff to follow. This meant that if the situation occurred again the staff team would be clear about their responsibilities to support people appropriately.