

Pathways Care Group Limited

Rutland Villa

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

Rutland Villa provides accommodation, nursing and personal care for up to three people. People living at the home may have a learning disability. At the time of our inspection there were three people living in the home. At the last inspection, in September 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care and support in ways which helped them to remain as safe as possible. Staff understood risks to people's safety and supported people receive their medicines as prescribed. There was enough staff to provide care and support to meet people's needs.

Staff received training which helped them develop the knowledge and skills to meet the needs of people who lived at the home. People made day to day decisions about their care and staff used their skills to make sure people were consenting to the care offered to them. People were supported by staff if they needed help making key decisions about their life. People were cared for so they had enough to eat and drink and their food preferences were met. Staff supported people to see health professionals so they would remain well.

People enjoyed spending time with the staff that cared for them and were treated with dignity and respect. Staff spoke affectionately about the people they cared for and encouraged them to make their own day to day decisions and maintain as much independence as possible.

People's care was planned in ways which reflected their preferences and wishes. There was a complaints procedure in place, although no complaints had been received in the last twelve months, people and their relatives were aware of how to raise a complaint or concern.

The registered manager, deputy manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At the last inspection in September 2015 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 26 July 2017 and was completed by one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with three people living at the home, two support workers, deputy manager and two relatives. Following the inspection we spoke with the registered manager by telephone.

We looked at a range of documents and written records including two people's care records, staff training records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked at how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the care people received further. These included quality questionnaires completed by staff and professionals from other organisations, checks made on the care planned for people the suitability and safety of the home environment and equipment used.

Is the service safe?

Our findings

People showed us through their positive interactions with staff they felt safe. A relative told us, "I have no reason to be concerned, over [person's name] safety." They told us due to staff support the person had become more confident and now felt safe to access more community facilities.

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. We saw people had been given guidance in how to report any concerns over their safety or if they thought they were subject to abuse.

Staff told us and we saw in people's care records, risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example it had been identified that due to a person's anxiety, a staff member was required to support them on a one to one basis, throughout the day. We saw this happened and the staff member stayed with the person speaking calmly to reassure them in whatever activity they chose to do, so reduced the safety risk to the person and maintained their wellbeing.

Staff and relatives told us there were enough staff to meet people's safety and care needs. We saw when people asked for assistance they were responded to by staff immediately. Staff were aware if some people had to wait for a response it could increase people's anxieties. People benefited from a stable staff team with a very low turnover of staff, so people were able to develop long term trusting relationships with the staff that supported them. A relative told us, "The staff make [person's name] feel safe."

We checked three staff files and saw records of employment checks completed by the provider. These showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine cupboard. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines. These practices assisted staff to take prompt action if necessary. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

Is the service effective?

Our findings

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. A relative told us they thought staff had the necessary skills and training to care for their family member. They said "The staff are well trained and understand [person's name] needs." Staff told us they regularly received training, which assisted them to deliver good quality care for people.

We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, for example autism awareness training. All staff told us they were supported in the role, understood their responsibilities and had regular supervision and team meetings

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [where appropriate] when they made decisions. Staff checked people wanted to receive care and respected the decisions people made.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests or to deprive anyone of their liberty the necessary action had been taken so people's rights had been protected.

People were encouraged to maintain their independence and enjoy their meal time experiences by being involved with the food shopping and preparation. A staff member told us how although one person had difficulty in preparing their own meals, they managed to use 'hand on hand' to help stir cake mixture so they felt involved. Staff had a good understanding of people's individual dietary requirements. For example they were assisting a person to eat more healthily to reduce weight. In people's care files people's preferences were recorded in pictorial format showing what they preferred to eat and drink.

Relatives told us staff supported their family members to see health professionals so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. Each person living at the home had their own 'Health Action Plan'. (A Health Action Plan records any health appointments, the outcomes and any further actions required). We could see from these records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required to ensure people's needs were met.

Is the service caring?

Our findings

We saw people enjoyed spending time and were relaxed in staff's company. For example we saw one person spent time colouring in a book, they used one page of the book, whilst the staff member helped with the other page. Whilst doing this they chatted about which colours they preferred to use. The person responded by laughing and smiling indicating they were enjoying the staff member's company. A relative described staff as being "Very kind" and said, "It's a lovely home"

Relatives were very complimentary about the staff and described how they felt they made the people living at the home feel valued. For example one relative told us, " I know if [person's name] chooses not to come home for the weekend. I know they are happy there."

Staff knew people well and spoke affectionately about the people they cared for. Many of the staff had worked at the home for a number of years. This enabled them to understand what was important to people, such as their interests and hobbies and how to make them feel cared for. Staff knew individual personal details of people's birthdays and their relatives, and ensured people were assisted to send cards for special occasions. We were given the example of how staff used this knowledge and had arranged for one person's significant birthday celebration, a horse and carriage ride, through the local streets and then take them on to the local pub for a meal.

People were encouraged to stay as independent as possible and were encouraged to make as many day to day decisions as they could, such as what they wanted to wear and what hobbies and fun things they liked to do. Information for people and staff had been collated in an easy read format to aid people's communication and express when and what they wanted to do each day.

We saw the way staff cared for people and took their rights to dignity, privacy and independence into account. We saw staff were discreet when supporting people with their personal care, doors were closed and staff waited outside until the person requested their assistance. We saw people's personal information was securely stored to maintain confidentiality.

Is the service responsive?

Our findings

Staff told us people as much as possible had been involved with the planning of their care so they would receive the assistance they needed, in the way they preferred. The provider had tried to make the information accessible to people by translating the information into an easy read format. Easy read presents information in the form of pictures, to make it easier for people to understand.

Staff told us they found out about the way people liked to be cared for by talking to them and their relatives and checking their care plans. A relative told us they had been consulted about their relative's care plan, and if any changes were required they were informed. They said "If ever anything changes with [person's name] the staff call us, so we are kept informed."

We saw people's care plans and risk assessments provided the information staff needed to know, so staff would be able to meet people's care needs in the way they individually liked. For example a relative told us how the staff encouraged their family member with their diet and weight loss. Staff were provided with guidance on how to support people so risks to their health and well-being would be reduced. We saw that people's risk assessments and care plans were regularly updated and reflected their needs.

We saw staff had signed records to confirm that they had read and understood how to support a person's needs. Staff told us they had handover meetings at the start of their shift. This contained information such as concerns or appointments a person had attended. It also contained any actions that had been taken or were required. Staff told us and we saw this information was used to update care plans and risk assessments. For example, changes in people's healthcare needs, so these could be consistently responded to.

The deputy manager told us how they thought it was important for people living in the home were supported to keep in touch with their families and friends to help prevent social isolation. They told us once a month they invited all people's immediate family members to join them for a Sunday lunch with their relatives, which had proven to be very popular. They said it had helped to build relationships between all people living at the home and their relatives. They described this had meant, "We are now like one big family. Everyone has a good time."

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. Relatives we spoke with confirmed they had this information available to them and felt that if they had any concerns they could raise them. The relatives we spoke with told us they had no concerns about the service provision. We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection, although was not available on the day we inspected, so we spoke to them via the telephone on the same day. 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 and their relatives were complimentary about the way the service was managed. One relative said "The home is well-led. I have no concerns." Staff told us they thought the home was well managed, they knew what was expected of them through regular staff supervisions and staff meetings. We saw from the minutes of staff meetings, there was opportunity for staff to reflect and discuss ways of improving any support and care provided for people. One staff member told us how they had suggested that some of the external and internal decoration of the home was looking tired. As a result quotes for redecoration had been sort by the provider.

Staff and relatives told us they felt the provider had an open communication culture within the home. They felt they could approach the registered manager or the deputy manager to discuss anything. One relative did tell us they had not met "The 'High up's' [senior management] yet, but was aware a garden party to introduce them was due to be arranged."

We saw the registered manager and deputy manager checked the quality of the care offered through meetings with people, relatives and by using pictorial questionnaires. We saw the results of last year's survey that had been analysed which indicated 68% of relatives thought the care was good overall and 17% thought the care was excellent. One relative had written "[Person's name] is very happy and settled at Rutland Villa." The deputy manager told us questionnaires for this year's feedback were due to be sent out in August 2017.

The registered manager and senior staff also undertook regular checks so they could be assured people were receiving the care they needed. These included checks on incidents, the environment at the home, to check people's medicines were administered safely and the care planned for them met their needs. Where actions had been identified these were being progressed, so people would continue to benefit from living in a home which developed further to meet their needs

We saw checks on the quality of care people received were also made by the provider, so they could be sure people were receiving the care they needed.