

Rutland Manor Limited

Rutland Manor Nursing Home

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

Rutland Manor Nursing Home is registered to accommodate 41 people. At the time of our inspection 26 people were using the service. The service accommodates people in one adapted building over two floors. The ground floor has a lounge and dining area. A garden and enclosed patio were also available that people could access.

The service did not have a registered manager in post at the time of the 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. A manager was in post and they had completed the process to register with us. At the time of the inspection they were awaiting their registration certificate.

Our last comprehensive inspection was undertaken on the 3 March 2017 and although the service was meeting the regulations that we checked, we identified improvements were needed. This was to ensure safeguarding procedures were followed consistently and that staff supported people consistently when they demonstrated behaviours that put themselves or others at risk. At the last inspection some staff did not feel they were supported effectively or worked well as a team in meeting people's needs. We asked the provider to address this. At this inspection all areas for improvement had been addressed. The service continued to meet the regulations and was rated as good.

There was sufficient staff to support people and people told us they felt safe at the home. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments were undertaken that identified risks to people's health and safety and care plans directed staff on how to minimise these identified risks. Plans were in place to respond to emergencies; to ensure people were supported in accordance with their needs. People had the equipment they needed to enable staff to assist them safely and staff understood about people's individual risks. The provider checked that

equipment was regularly serviced to ensure it was safe to use.

Staff supported people to make their own decisions whenever possible and where people were unable to do this, decisions were made in their best interests. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

People were supported to take part in activities to promote their wellbeing and their dignity and privacy was respected by the staff team. People were supported to maintain relationships and visitors were made welcome by staff.

There were processes in place for people and their relatives to express their views and opinions about the service provided and raise any concerns they had. People's representatives felt the service was well managed and they were involved in reviews of care. Staff felt supported and confirmed they worked well as a team. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to keep safe by staff that understood their responsibilities to report any concerns and follow risk assessments; to protect people from the risk of injury. People were supported to take their medicines in a safe way. Enough staff were available to support people and recruitment procedures checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective. When improvements had been identified the provider had taken action to address these.

Is the service effective?

Good ●

The service was effective.

People received support from trained staff and were supported to make their own decisions whenever possible. People received a diet that met their requirements and preferences. The manager and staff team worked with healthcare professionals to ensure people's health was monitored and any changing needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that showed consideration and kindness towards them and promoted their rights to make choices. People's dignity was valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with those that were important to them was respected and promoted. People's rights to confidentiality were protected.

Is the service responsive?

Good ●

The service was responsive

People received support from staff who knew them well and understood their needs and preferences. The provider's complaints policy was accessible to people and their representatives. People were supported with empathy and compassion at the end of their life.

Is the service well-led?

The service was well led.

The systems in place enabled the provider and manager to monitor the quality and safety of the service and make improvements where needed. People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

Good ●

Rutland Manor 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.

This comprehensive inspection took place on 25 May 2018 and was unannounced. The inspection visit was carried out by two inspectors.

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.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the provider and the local clinical commissioning group.

The majority of people were living with dementia and were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people, how the staff interacted with them.

During the inspection, we spoke with three people that used the service and six people's relatives and a visiting professional. We also spoke with the nurse on duty, two care staff, a senior care staff, the staff member supporting people's social needs, the maintenance person, the cook, a member of the housekeeping team, the providers training manager, the manager of the home and the operations

manager.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. For example, we reviewed audits and quality checks for falls, medicines management, fire risk assessments, health and safety checks and infection control. We also looked at three staff recruitment files.

Is the service safe?

Our findings

At our last inspection in March 2017 we asked the provider to make improvements; as we identified that the management team has not consistently followed the safeguarding procedure. One safeguarding concern had not been reported to the local authority safeguarding team. At this inspection we saw that the safeguarding policy had been followed and all concerns were reported appropriately. This ensured the local authority were able to investigate concerns and work with the provider to ensure people were protected from harm.

At our last inspection we saw people's behaviour plans were not always implemented consistently. At this inspection we saw that the support provided to people reflected what we read in their care plan. The least restrictive measures were used to support people in a safe way whilst protecting their rights. De-escalation techniques were used that guided staff on how to support the person in a way they responded to, such as engaging them in tasks or activities they enjoyed.

People that were able to give us their views told us they felt safe with the staff that supported them. One person said, "Staff are nice to me; they are very friendly." Another person told us, "Everyone seems nice; they stop and have a chat with me and make sure I'm alright."

Relatives felt their relations were safe. One said, "The staff are amazing with [Name]. They are very caring. It is such a difficult job as the people here have such complex needs; but the staff always have a smile for everyone. It's a lovely atmosphere." Another relative said, "I know from my relatives facial expressions that they are looked after and feel safe here."

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "Everyone has the right to feel safe." Another member of staff said, "If I saw anything that was concerning I would go to the manager. I feel confident that they would listen and take action." Safeguarding procedures were in place and information about safeguarding was on display in the entrance to the home.

Risks to people's health and wellbeing were assessed and reviewed as needed to ensure they remained relevant. When staff supported people to move using specialised equipment we saw this was done safely and in a considerate way that reassured the person. Where people had been assessed for equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. We saw that checks were undertaken to ensure this equipment was used correctly. Each person that required support to move using the hoist had been assessed and they were provided with their own slings. This ensured the sling they used was the correct size for them. Equipment was maintained and serviced as required to ensure it was safe for use.

To enable people to stay safe, plans were in place to respond to emergencies. Personal emergency evacuation plans were in place for each person which provided information about the level of support they needed in the event of fire or any other incident that required the home to be evacuated. The information

recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was easily accessible.

We saw that staff were available to support people. One person told us, "If I want anything I just ask, there are staff around to help me." One relative said, "We visit every day and there is always enough staff around." Another relative told us, "There is always staff in communal areas to support people. There seems to be plenty of staff." We saw that staff were present within communal areas of the home throughout the day and spent time sitting and chatting with people in-between supporting with care needs. One member of staff said, "Generally the staffing levels are okay. If staff ring in sick then we might have less but we all work together as a team. We also have the butterfly staff who spend time chatting with people and provide some one to one time with people."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place; this included the nursing and midwifery council (NMC) registration checks for nurses employed. The NMC are the regulators for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses eligible to practice within the UK. It sets and reviews standards for their education, training, conduct and performance. This demonstrated that the provider understood their responsibilities to ensure the nurses employed were kept up to date with current guidance and legally entitled to practice.

We saw that people were supported in a safe way to take their medicine. Mental capacity assessments and best interest decisions were in place for people that were unable to consent to taking their prescribed medicine. Where people lacked capacity the correct procedures were followed to permit staff give this medicine in food or drink when needed. The guidance detailed why the medicine was required and identified the relevant professionals had been consulted and agreed this was in the person's best interest.

When people had medicines that were on an 'as required' basis, guidance was in place for staff, to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Nurses that administered medicine told us they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated a four star by the food standards agency in December 2017. This rating means the hygiene standards of the kitchen, at the time of inspection was considered 'good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained. The manager confirmed that since the food standards agency inspection, an action plan had been put in place to address the work required. This demonstrated that the provider had taken action to improve the services provided to people.

We spoke with a visiting professional who told us about the improvements made at the home. These related to record keeping regarding reviews and referrals made. They told us, "Pre-Christmas the records were unclear, now there is a good system." This demonstrated that lessons were learnt and improvements made

as needed, to improve outcomes for people.

We saw that accidents and incidents were analysed by the manager to identify any patterns or trends. This enabled the manager to take action where needed. We saw people had been referred to falls clinics and equipment put in place where needed to monitor people. For example, sensors were provided in bedrooms, where people were at risk of falls, to alert staff if people got out of bed during the night.

Is the service effective?

Our findings

People's support needs had been assessed prior to them using the service and information gathered included the person's preferences, support needs, health and emotional well-being. Relatives confirmed they had been involved. One said, "We were involved in the assessment which was very thorough and we were impressed with the process."

Relatives were happy with the support provided by the staff. One told us "I can tell that staff are trained by the conversations we have. Staff have spoken to me about dementia and they understand it, which reinforces their skills." Another relative said, "The staff seem to know what they are doing. They definitely know how to look after people and reassure them."

People were protected under the Equality Act 2010 because some of the barriers they faced due to their disability had been removed to ensure they were not discriminated against. This varied from specialist call systems, such as live link sensors and sensors within floor mats that alerted staff when people required support. There were also accessible facilities within the home, so that people could move around independently.

Staff told us they received the training they needed to support people. One member of staff said, "The training is good, like the person centred dementia course and the end of life training which we do as a group and complete a workbook. I don't think you can ever have too much training." Another member of staff told us, "The management provide a lot of opportunities for development. I have done lots of courses." We spoke with the training department manager who told us they had an action plan in place to ensure training was completed; this included staff that were new to care completing the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The training manager told us they were looking at local training that was available for the butterfly staff regarding supporting people with activities. The training manager confirmed that staff were trained on site and some training was on line. Staff confirmed and we saw that they received supervision and appraisals. One member of staff told us, "I get regular support and supervision sessions. The manager is very approachable so we can go to them at any time."

At the lunch time meal tables were laid with table cloths and condiments were available at each table and support provided to people as needed. We saw that to help people make their choice of what they wanted to eat, the staff showed them plated up samples from the menu. Where people declined both choices alternatives were offered. People told us they enjoyed the meal available to them. One person said, "That was very nice. The food is good here." A relative said, "My relative has an amazing appetite and they really enjoy the food." We saw that a range of snacks and drinks were offered throughout the day to ensure people ate and drank sufficient amounts to maintain their dietary needs.

We saw that people's dietary needs had been identified and were met, as kitchen staff were provided with information on people's requirements and preferences. The cook showed us the list of people's dietary

needs and preferences that they were provided with. We saw that this included any special diets. The cook told us, "There are snacks throughout the day and meal times are staggered, people can eat wherever they choose." People's food and fluid intake was monitored where needed and weights were recorded to identify any changes in weight. People's nutritional assessments were reviewed to ensure any changing needs were identified and managed. We saw that people were referred to the appropriate health care professional when needed, such as dieticians or speech and language therapists where people had difficulty swallowing.

A visiting healthcare professional confirmed that the manager and staff team ensured people received consistent and timely support. They told us, "The staff work well with us. The manager and nurses are very prompt at making referrals. I visit weekly and there is a list of people for me to review."

People were supported to access external health professionals to maintain their health care needs. One relative told us, "If there are any problems they seek medical help or if needed contact the emergency services. They always ring and let us know what's happening."

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists were available to enable people to move safely. There were lifts to enable people to access other floors.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions. One member of staff told us, "It's about understanding how people communicate so that we can support them to make their own decisions. One person will nod if they want something, with another person you can tell by their facial expressions. We use visual cues like the plated meal samples. People find it much easier to make choices if they can see what they are."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Three people had a DoLS which had been authorised. The manager confirmed that authorisations had been made for other people that lived at the home and they were awaiting confirmation from the DoLS team. Whilst waiting for these authorisations to be approved we saw that people were supported in their best interests.

Is the service caring?

Our findings

We saw interactions between staff and people were warm and compassionate. For example, staff chatted to people throughout the day and had a laugh and a joke with them. One member of staff was heard talking to a person about knitting; as the person confirmed they used to enjoy this as a hobby. Another person required constant reassurance from the staff due to their anxiety and we saw this was provided on an ongoing basis. When people requested staff support we saw this was provided without delay. For example, one person asked a member of staff to fetch them their cardigan and this was done promptly and with a smile from the staff member. Relatives told us the staff were caring. One said, "The staff are lovely; they genuinely seem to care about people." Another said, "The staff do everything for my relative with a smile."

The staff team encouraged people to be as independent as they could be and supported them to make decisions for themselves wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices. For example, in making choices regarding food and drink. We saw that people were able to walk around the home as they wished and access the outdoor garden space.

The manager confirmed that people were supported to make decisions using independent mental capacity advocates when needed; Advocacy is about enabling people who have difficulty speaking out, to speak up and make their own, informed, independent choices about decisions that affect their lives.

A relative confirmed their family member was cared for in a dignified manner and told us "They are very respectful of people. They don't make it obvious when they are supporting them with personal needs and when people are moved in the hoist; the staff make sure their dignity is preserved." We saw staff respected people's dignity and privacy, for example, we heard staff discreetly encouraging people to use the bathroom.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "It's open visiting here and we are always made to feel welcome by the staff. They offer us a drink. My relative has one to one support, but when we visit the staff member leaves us with {name}. They are always nearby, but they give us some privacy." Another relative said, "The staff are marvellous. I come at all hours and it's never a problem." We saw that people's visitors were welcomed in to the home and had a good rapport with the staff.

People's right to confidentiality was protected. All personal records were kept securely at the home. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

We saw staff spent time chatting with people throughout the day. One relative told us, "I can't fault the staff that look after [Name] they are very attentive." An activities coordinator was employed but they were not on duty on the day of our inspection. Two other staff members were employed to spend one to one time with people to provide social stimulation and they were known as butterfly staff. A member of the butterfly team was on duty and told us "The activities person tends to focus on group activities and organises entertainers like, 'Trevor' the border terrier that comes in every Tuesday for people to pet. We also have singers coming to entertain everyone. We spend one to one time with people. Most people enjoy a chat." They told us about a new initiative they had commenced to reflect family meal times and said, "We have started putting the dining tables together on a Sunday; so it's more like a family meal. Everyone seems to like that and it promotes conversation."

People's relatives confirmed they were consulted and involved in care planning and reviews. One relative told us, "We have been fully involved." We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. The staff confirmed that monthly services were held at the home by the local priest for anyone who wished to participate.

Staff were responsive to people's needs and supported them as required throughout the day. One relative told us "The staff know [Name] very well. They know that [Name] likes to have something to hold and they make sure that they have something." Staff demonstrated a good understanding of people's individual needs and responded to them with consideration and empathy. We saw that staff had a laugh and a joke with people which was received well and supported a homely and friendly environment.

The Accessible Information Standards (AIS). Is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that information was available in accessible formats for people as needed to promote their understanding. The manager confirmed that additional resources had been purchased such as pictorial menus.

Relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One person told us, "The manager is very friendly. I wouldn't hesitate if there was a problem. To be honest if there is anything it gets sorted straight away and I have never needed to make a complaint." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received. We saw that the complaints received had been addressed in a timely way.

Staff received training to provide personal care and support to people at the end of their life. Staff understood and followed the care instructions relating to people's end of life care. These were set against nationally recognised principles and standards. For example, in relation to ensuring timely and consistent co-ordinated care; shared decision making and the provision of medicines for people's comfort and

support. A relative told us, "I can't fault the care provided by the staff. They have been marvellous. I am very touched to see how much [Name] means to them. They have been so caring and respectful." Information was also available to relatives regarding coping with bereavement.

Is the service well-led?

Our findings

At our last inspection in March 2017 there was no registered manager and some staff did not feel supported by the management team. Staff reported that they did not work consistently as a team to ensure people's needs were always met. At this inspection staff felt that improvements had been made and confirmed they were supported by the manager. One member of staff told us, "I love working here; it's a good team with good management support." Another said, "The manager is great, very supportive and very hands on when needed. It's a nice place to work."

We saw information regarding the management changes were on display in the entrance of the home. People's relatives were clear who the manager was and confirmed that they could speak to them when they needed to. One person told us "I think this home is managed very well. The people that live here have such complex needs and they are looked after very well." Another relative said, "It felt right here from the start. I am very happy with the care provided to my relative."

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "I know that we can report any issues through whistleblowing and I would if I needed to. I know the manager would listen."

The provider understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken. The latest rating of the service was displayed at the home and on the provider's website, as required.

The provider conducted regular audits to check that people received good quality care. This included audits of care plans, people's weights and skin condition, medicines management, staffing levels and health and safety practices such as infection prevention and control audits and fire safety audits. We saw that an improvement plan was in place to enable the provider and manager to address the actions identified and we saw that these actions were dated when completed. For example, some kitchen equipment had been replaced, training required had been undertaken and pressure relieving equipment and mattresses replaced following an infection control audit. This demonstrated that effective practices were in place to ensure the home was maintained to a good standard.

We saw a variety of methods were used to gather the views of people and their representatives in the running of the home and services provided. This was done through reviews of care, satisfaction surveys and feedback forms called 'your voice matters'. We saw that where improvements had been identified these were addressed, such as environmental improvements and consultations with relatives regarding care plan reviews.

Meetings were also provided for relatives. One relative told us, I attended the relatives meeting last Wednesday. It is really a support group for us relatives. We watched a film and staff spoke about dementia and we all discussed it. It was very helpful." Another relative confirmed this and said, "The relatives meetings are a great support to me. It makes me feel better knowing I'm not alone."

We saw that the provider and manager ensured that people received the relevant support from other agencies as required and promoted partnership working with other professionals to ensure people received the support they required.