

Complete Care Homes Limited

# Rambla Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Rambla Nursing Home provides care and support for up to 30 people who may have nursing needs. The service is registered to provide care for older people and younger adults as well as people who may be living with a physical disability or dementia.

On the day of the inspection, there were 29 older people using the service, all of whom had nursing needs.

We carried out an unannounced comprehensive inspection of this service on 5 April 2017. We found the service required improvement to become safe, responsive and well-led.

This focused inspection took place on 22 June 2017 and was announced. We gave 24 hours' notice of our visit, because the manager was on leave, and we wanted to ensure the provider's nominated individual would be at the service when we inspected.

This focused inspection was in part prompted by concerns shared with us regarding the care and support provided at the service. This included concerns about the support provided around mealtimes and whether people had enough food and drink to ensure they were not dehydrated or at risk of malnutrition. We used this information to plan our inspection and have reported our findings in relation to these concerns in the body of our report.

We also took the opportunity to review the provider's progress following our last inspection and looked to see whether the service was safe at this inspection. This report only covers our findings in relation to the 'Safe', 'Responsive' and 'Well-led' domains. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rambla Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During our inspection, we found action had been taken to improve the safety and responsiveness of the service. We have changed the rating of the safe and responsive domains to 'good' and, because of this, the service is now rated 'good' overall.

We observed consistently positive and effective interactions between staff and people who used the service. Staff were observed to be kind, caring and attentive to people's individual needs. People presented as comfortable, clean and exceptionally well cared for.

Although we noted a number of improvements had been made, we found further work was still needed to ensure the service was well-led. The provider is required to have a registered manager as a condition of their registration for this service. On the day of the inspection, the service did not have a registered manager. However, the nominated individual was taking action to become registered until a suitable candidate could be found. 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.

We found that records were not yet consistently well maintained and work was on-going to improve the provider's quality monitoring systems, to ensure issues and concerns would be effectively identified and robustly addressed.

We found improvements had been made to the safety of the service. Care plans and risk assessments were in place to support staff to provide safe care. Improvements had been made to how topical medicines were managed and administered. The provider had introduced a new system to record important information staff would need to know when administering medicines that were prescribed to be taken only when needed. Sufficient staff were deployed to meet people's needs and staff were observed to be proactive and attentive in managing risks.

Staff supported people in a person-centred way to ensure they ate and drank enough. People were supported to spend their time how and where they wished. The provider employed an activities coordinator and staff were observed to regularly engage and provide meaningful stimulation for people who used the service.

The provider had introduced a new system to manage and oversee the handling of complaints. Information was available regarding the Local Government Ombudsmen, if people were unhappy with how their complaints were handled. The provider was developing a new 'welcome pack' to more effectively communicate information about their complaints procedures with people who used the service and their visitors.

## 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.

We found that action had been taken to improve the safety of the service.

Care plans and risk assessments were used to guide staff on how to safely meet people's needs.

Improvements had been made to how topical medicines were managed and administered. New systems had been introduced to record important information regarding medicines which were prescribed to be taken only when needed.

Sufficient staff were deployed to meet people's needs.

### Is the service responsive?

Good ●

We found that action had been taken to improve the responsiveness of the service.

Staff were observed to provide person-centred care and support to meet people's individual needs.

The provider had systems in place to manage and respond to complaints and was developing a new 'welcome pack' to more effectively communicate information about their procedures with people who used the service and their visitors.

### Is the service well-led?

Requires Improvement ●

We found that further work was needed to ensure the service was well-led.

The service did not have a registered manager. Plans were in place to put forward a suitable applicant and the provider was aware of the urgency to do this.

We found that records were not yet consistently well maintained and work was on-going to improve the provider's quality monitoring systems.

# Rambla Nursing Home

## Detailed findings

### Background to this inspection

We undertook this 'focused' inspection of Rambla Nursing Home on 22 June 2017. We gave 24 hours' notice of our visit, because the manager was on leave and we wanted to make sure the provider's nominated individual would be at the service when we inspected.

The inspection was undertaken by one adult social care inspector and one inspection manager. We inspected the service against three of the five questions we ask about services: is the service safe? Is the service responsive? And is the service well-led? This report only covers our findings in relation to these domains.

Before our inspection, we contacted the local authority to seek their feedback about the service. We looked at information we held about the service, which included notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR) before our visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we visited or observed everyone who used the service, however, few people were well enough or able to engage us in conversation. We spoke with six people who used the service and two people's relatives. We conducted a tour of the service and observed interactions between staff and people who lived there. We observed care delivery throughout our inspection, including the care and support staff provided with meals and drinks in communal areas and in people's bedrooms. We spoke with the nominated individual, two nurses, one care worker and the cook.

We reviewed people's care records, which included care plans and risk assessments, food and fluid charts, daily notes and weight records. We reviewed records of compliments and complaints and records relating to the provider's governance of the service, such as quality assurance audits.

# Is the service safe?

## Our findings

At our last inspection in April 2017, we found the service required improvements to be safe. We found gaps in Medication Administration Records (MARs) and made a recommendation about maintaining accurate records.

At this inspection, we found that people who used the service did not raise any issues or concerns regarding the support provided with their medicines. We observed that medicines were appropriately and securely stored. Medication Administration Records were in place to record medicines administered.

We found improvements had been made to the management and recording of topical medicines such as topical pain relief and a prescribed cream for sore skin. A visiting GP reported no concerns with regards to their patient's medicines support arrangements. We saw that new records were in place to record important information regarding medicines that were prescribed to be taken only when needed. This included protocols to record when the medicine should be administered and the minimum time between doses, as well as a log for staff to document when this medicine had been administered.

We identified that work was on-going to develop more robust audits to monitor the management of medicines within the service. We have addressed our findings in relation to audits in the well-led domain.

At our last inspection in April 2017, people told us they felt safe at the service and with the care and support staff provided. During this inspection, people did not raise concerns about their safety or the care and support staff provided. We observed people were relaxed and at ease around staff and responded positively to their interactions. This showed us people felt safe.

Policies and procedures were in place at our last inspection to support staff to identify and respond to safeguarding concerns. Our records evidenced that safeguarding concerns were appropriately identified and addressed, with action taken to safeguard people who may be vulnerable. The provider was proactive engaging with the local authority where there were issues or concerns regarding the quality of the care and support provided. This showed us they were committed to promoting and maintaining people's safety.

At our last inspection, we concluded that sufficient staff were deployed to meet people's needs. At this inspection, we found appropriate staffing levels within the service. On the day of our inspection there was the nominated individual, a nurse, a team leader, four care workers and two new members of care staff who were shadowing or on restricted duties. There was also a housekeeper, a laundry assistant, a cook, a kitchen assistant and a volunteer helping out at the service. Staff we spoke with did not raise concerns regarding staffing levels. We observed there were sufficient staff on duty. Staff were available to provide care and support when needed and people were supported in an unrushed way. For example, we saw staff patiently providing one to one support to ensure people ate and drank enough. We found call bells were generally answered in a timely manner. We concluded that staffing levels remained appropriate and sufficient to meet the needs of the people who used the service.

When we last inspected the service, we found appropriate recruitment checks were completed to ensure suitable staff were employed. We did not reassess this during this inspection, because we had received no information of concern regarding the provider's recruitment practices in the short time since we last inspected this area.

Each person who used the service had a care file containing care plans and risk assessments relating to their support needs. We found risk assessments contained basic information about people's needs, together with guidance for staff on how care and support should be provided to minimise risks and keep people safe. For example, we saw falls risk assessments identified factors which increased the risk of people falling, together with details about what equipment was in place and what support staff should provide when people mobilised to keep them safe. We saw that risk assessment tools such as the Malnutrition Universal Screening Tool (MUST) were used to monitor and evaluate risks.

Healthcare professionals were involved and worked with the staff team to assess and monitor risks, such as the speech and language therapy team who had recently reviewed someone with swallowing difficulties and an associated risk of choking. We noted positive professional observation and feedback for example, "They have progressed well".

Staff we spoke with showed a good understanding of people's needs and the specific risks involved in meeting those needs. For example, staff we spoke with identified where people were at risk of choking and needed support at mealtimes or specialised diets to manage this risk. We observed information about people's needs and specific risks to their health, safety and well-being were also discussed and shared amongst the staff team at handovers. This ensured staff were aware of any new risks that needed to be managed.

During our inspection, we completed a tour of the service. We observed communal areas and people's bedrooms were very clean, tidy and well maintained. We did not re-examine maintenance certificates or reassess fire safety as we had received no information of concern in the short time since we last inspected this area and found no issues of concern during our time spent on both floors of the service.

The premises were observed to be clean, tidy and we did not detect any issues or concerns with malodour or infection prevention control practices. We observed staff used appropriate personal, protective equipment to minimise the risk of spreading infections.

## Is the service responsive?

### Our findings

At our last inspection in April 2017, we found examples where care plans did not contain enough information and detail to support staff to build caring relationships with people and to provide person-centred care. There were inconsistencies around people's involvement in care planning. We previously rated this domain 'requires improvement'.

At this focused inspection, work was on-going to address these recording issues. We found the care and support provided was person-centred and responsive to people's individual needs.

We reviewed care plans and risk assessments and found they contained information regarding people's support needs. Staff we spoke with showed a good understanding of people's needs and how best to support them. For example, we asked staff about people's dietary requirements and the support they required with meals and drinks. Staff demonstrated they knew people well and provided us with detailed information about people's individual needs and preferences and the support they provided to ensure they had enough to eat and drink. When people required specific support at mealtimes, we observed that this care and support was provided in an attentive and person-centred way.

Throughout our inspection, we observed staff patiently provided one to one support with people's meals and drinks including to people in their bedrooms. Staff were seen to be attentive in supporting with meals and regularly encouraged and prompted people to drink. We observed drinks were consistently left within people's reach and observed tea and biscuits being served between the lunch and teatime meals.

People we spoke with were complimentary about the quality and quantity of food available. We interviewed the cook who provided individual meals, which were person specific and looked and smelt appetising with attention to detail and variation apparent.

We spent time reviewing monitoring sheets in people's bedroom and found that while some improvements could be made, for example by totalling people's fluid intake each day and recording snacks offered or refused between meals, records were sufficiently clear to evidence that people's nutritional needs were being met. We concluded that people's care and support was person-centred and tailored to meet their specific needs. We have addressed the recording issues we found in the well-led domain.

During the inspection, we spoke with a visiting healthcare professional who provided positive feedback about the person-centred care and support staff provided. They noted that the person they had visited and examined was clean, safe and well cared for.

One person, who had been recently admitted, had a problem with sore, red eyes. The nominated individual was aware of this and had taken steps to explore the person's medical history and to seek review as to whether any treatment was necessary now the person was being cared for at the service. This demonstrated a person-centred approach to providing care.



We observed consistently positive and effective interactions between staff and people who used the service. We saw staff were kind and caring towards people and that care and support was provided when required to ensure people's needs were met.

There were systems in place to ensure staff kept up-to-date with important information and changes in people's needs. We reviewed people's care records and saw staff documented daily notes regarding the care and support provided to each person who used the service. Staff also held 'handover meetings' at the beginning of each shift to share information. We observed a handover meeting and saw each person who used the service was discussed and important information shared with new staff starting their shift. For example, we saw people's food and fluid intake was discussed and concerns shared. We observed staff supporting a person, identified during the handover meeting as having drunk very little, to drink throughout the afternoon. We spoke with a member of staff about this person's care and support and they told us, "Every time we go in their room we have to offer them a drink." This showed us systems were in place to share information and that staff acted on this information to ensure people's care and support needs were met.

We observed that the majority of people spent time in their rooms. We examined people's needs and choices in relation to the risks of social isolation. We looked to see whether people had become accustomed to spending time in their room rather than in engaging in communal activities. At our last inspection in April 2017, people did not raise concerns about social isolation or the lack of meaningful stimulation. People told us they joined in with activities if they wanted to, but some people preferred to spend time by themselves or have one to one time. Our findings at this inspection confirmed this same conclusion.

Where people had capacity, they made it clear to us that it was their choice to spend time in their room. We observed people listening to music, meeting with visitors or enjoying watching sport on television in their rooms. We observed staff spent time speaking with people and engaging with them in meaningful conversation.

Staff we spoke with told us people were free to decide how and where they spent their time and we observed staff supported people with making these decisions. For example, we saw staff providing assistance where people wanted to spend time out of their room or visit another person who lived at the service.

Where there were concerns regarding people's capacity to make decisions, staff used their knowledge and understanding of the person's past wishes, observed body language and interpreted non-verbal communication. This enabled them to decide, for example, whether someone wanted to stay in their room or they were happy in a communal area.

We saw 'activity level' records documented information about how people liked to spend their time and what activities they enjoyed. The provider employed an activity co-ordinator and a volunteer also visited to support with activities. On the day of our inspection a hairdresser visited and people enjoyed being supported to visit them to get their hair done. We saw an activities schedule was displayed in a communal area and this listed activities on 20 out of 30 days in June 2017. Activities provided included word games, dominoes, painting, flower arranging and the hairdressers visit.

We saw staff provided individualised, person-centred approaches to people in bed who could not communicate or engage in group activities. For example, one person cuddled and looked at a doll and was clearly engaged with this activity which was meaningful to them. We saw staff providing tactile reassurance where people were unsettled or distressed and required reassurance.

During our inspection, we observed that people were visited by relatives and friends. A relative of someone who used the service said, "I am made to feel very welcome."

The provider had a policy and procedure in place detailing how they would manage and respond to complaints about the service. At the time of our inspection, the provider had introduced a new system to record and monitor the handling of complaints. We saw three complaints had been dealt with through the provider's formal complaints procedure since our last inspection. A log was kept to record who had complained, the nature of their concerns and how this was resolved.

There was a 'welcome to care' folder in some, but not everybody's bedrooms. This contained information about the service and the provider's complaints procedure. However, we noted the complaints procedure in people's bedrooms was brief and did not include information about how to escalate complaints to the provider or the Local Government Ombudsmen. The Local Government Ombudsmen independently investigate complaints and are the final stage for complaints about adult social care providers.

We spoke with the nominated individual about our findings which they acknowledged. They subsequently showed us the work they were doing to update the 'welcome to care folder' to ensure it contained more detailed information. We did see a copy of the complaints procedure was displayed in a communal area which included relevant information about how to escalate concerns if people were unhappy with how the provider had responded. This meant the information was available, but not quickly accessible to anyone not using this area.

## Is the service well-led?

### Our findings

At our last inspection in April 2017, we found the service required improvements to be well-led. The service did not have a registered manager and the provider's quality monitoring and audit systems were not effective as there were gaps in record keeping and documentation.

At this inspection in June 2017, we found work was on-going to address our findings, but that further work was still needed to ensure records were well maintained and effective quality monitoring systems were embedded.

The provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, the service still did not have a registered manager. However, the nominated individual was taking action to become registered until a suitable candidate could be found. 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. The nominated individual was supported by nurses and team leaders in the management of the service.

During our inspection we noted that records were not always well maintained. We found that although fluid charts evidenced regular support was provided with drinks, people's fluid intake was not totalled at the end of each day to clearly and quickly support staff to identify how much each person had drunk. Food charts did not consistently evidence whether people had been offered snacks in-between meals. We saw that weight records could be further developed to support staff to more effectively monitor any weight loss and weight gain. We saw the date when people had been weighed was not always clearly recorded, which made it difficult to effectively evaluate changes in people's weights.

We saw accidents and incidents were recorded and information collated to support the provider to identify any patterns or trends. We spoke with the nominated individual about recording more information on accident and incidents records, to evidence how they had investigated what had happened. This information would also demonstrate they had considered how best to respond to prevent a similar reoccurrence. For example, we noted one person had fallen twice in two days, but saw no evidence that their care plan and risk assessment had been reviewed, to ensure it remained up-to-date. The nominated individual acknowledged that work could be done to improve recording around accidents and incidents.

The provider completed a range of audits of the kitchen, care plans and quarterly 'environmental audits'. We found audits did not consistently record sufficient detail about any issues or concerns identified and had not consistently been reviewed or signed off to demonstrate when actions had been completed and issues and concerns resolved. This showed us further work was needed to develop and embed a robust system to monitor the quality and safety of the service provided.

Although we noted some outstanding issues and concerns regarding the provider's record keeping and

quality monitoring systems, we recognised that work was on-going to address and resolve these issues. It was anticipated that once the manager was registered they would take a greater lead on driving improvements as part of their role. We will continue to monitor the provider's progress in this area to ensure the required improvements are made within a reasonable timescale.

We spoke with the nominated individual and found they were responsive to our feedback throughout the inspection. It was clear from our conversations they were motivated and equipped to continue to improve and develop the service for the benefit of the people who lived there.

The nominated individual was involved in a new local health initiative aimed at finding suitable staff to work within the independent sector. As part of this, the nominated individual was looking at the benefits of a secondment programme with the NHS, where staff would rotate between care homes and hospital settings. The nominated individual was also involved in the 'Advanced Practitioner' programme to train care workers to extend their role and take on additional responsibilities.

We found there was a very positive atmosphere within the service. Our observations and conversations with staff and people who used the service showed us the service was person-centred and staff were committed to providing kind and caring support to ensure people were safe and comfortable.

People who used the service and visitors we spoke with provided positive feedback about the quality of care and competency of the staff team. We found the quality of nursing care was very good and led by a nursing team who took a pride in their work and providing positive outcomes for people. People who used the service were observed to be comfortable, clean, very well groomed and well cared for.