

Rutland Manor Limited

Rutland Manor Nursing Home

Inspection report

99-109 Heanor Road
Ilkeston
Derbyshire
DE7 8TA

Tel: 01159440322

Date of inspection visit:
04 May 2016

Date of publication:
10 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 4 May 2016 and was unannounced. At our previous inspection on the 6 and 7 May 2015 the service was meeting the regulations that we checked but we did ask the provider to make some improvements. This was because improvements were needed to; the staffing levels, the housekeeping standards, the support people received with their meals and drinks and promoting their dignity, the complaints, staff support and the quality monitoring systems in place. At this inspection we saw that improvements had been made in most areas but further improvements were required.

Rutland Manor Nursing Home is registered to provide accommodation, personal care and nursing care for up to 41 older people including people living with dementia. There were 33 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although staff understood people's needs and preferences and were responsive to them, we saw there were times during the day where additional staff support would have ensured that everyone was supported in a timely way and supervised as needed. People's representatives knew how to raise a concern and formal complaints were responded to but the provider's procedure was not followed when informal complaints were made.

There were systems in place to monitor the quality of the service. However there was not a proactive approach to implement the improvements required. This led to external monitoring teams raising concerns and identifying the improvements which had not been made swiftly to reduce the risk to people using the service.

We saw that staff treated people in a caring and respectful way. People were offered refreshments throughout the day and their nutritional needs were monitored and actions taken as needed, to promote their health and well-being needs. Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks.

Staff told us they felt supported by the management team and were provided with training to enhance their knowledge and understanding. People and their visitors told us the staff were able to meet their needs and felt safe with the support provided to them. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse. Recruitment checks were carried out prior to staff starting work to ensure their suitability to work and

people were supported to take their medicine as and when needed.

Capacity assessments had been completed to show how people were supported to make decisions. When people were being unlawfully restricted this had been considered and applications had been made to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions. There were processes in place for people and their relatives to express their views and opinions about the service provided. People's representatives were asked to express their views and be involved in decisions related to the planning of their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's health and welfare were identified and generally well managed but there were periods during the day when not enough staff were available, to ensure people were always supervised and supported as needed. Improvements were needed to the infection control standards at the home and these were being implemented. Staff understood their responsibilities to keep people safe from harm. The recruitment practices in place checked staff's suitability to work with people. People received their medication as prescribed and medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by skilled and experienced staff. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They obtained people's consent before they delivered care and assessments were clear regarding people's capacity to make decisions. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Good ●

Is the service caring?

The service was caring

People were supported in their preferred way by staff who knew them well. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good ●

Is the service responsive?

The service was not consistently responsive

The provider's complaints policy and procedure was accessible to people but informal complaints were not always responded to. People and their relatives were involved in discussions about

Requires Improvement ●

how they were cared for and supported. Activities and social stimulation was provided for people.

Is the service well-led?

The service was not consistently well led

The provider had systems in place to monitor the service and drive improvement however not all areas identified as requiring improvement had been addressed in a timely manner. People and their representatives were encouraged to share their opinions about the quality of the service. Staff told us the manager was approachable and confirmed they felt supported by the management team.

Requires Improvement ●

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 inspection visit took place on the 4 May 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). 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. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. We looked at information received from the public, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with three people that used the service, eight people's visitors, four visiting professionals, one nurse, four care staff, the activities coordinator, the registered manager, the regional manager and the operations manager. Most of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We looked at the care plans for three people. We checked four staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a quality service.

Is the service safe?

Our findings

At our last inspection in May 2015 we recommended that the provider reviewed how they determined there were always enough staff deployed. This was because we saw the staff had limited time to socially interact with people, other than supporting them with care tasks. At this inspection we saw that in general staff were available to respond to people's needs and preferences and an activities coordinator was available to enhance people's social interactions. We found that improvements were needed to the support that some people received. We identified that some people required and received a high level of staff support. For example, one person sought staff attention for the majority of the day. Another person required regular support due to their unpredictable behaviour. We saw that this impacted on the support available to other people who were immobile and did not initiate conversation or require regular support because their contact with staff was limited. This was reflected in comments made by staff. One member of staff told us, "Sometimes we struggle to speak with everyone, it's the quiet ones that miss out."

We saw that improvements were needed to the support people received at meal times; this was because there was not enough staff to support and supervise everyone in a timely way. This meant that some people had to wait for their meal whilst seated next to someone eating their meal. We saw that some people that needed supervision did not receive this, for example we saw one person drop some food on the floor and then pick the food up and eat it. We saw another person in the main lounge area, during the tea time meal become agitated and they began to walk around the room and swear at other people. Care staff were busy and it was several minutes before a member of staff was available to support this person. This was reflected in the comments made by a person's visitor who said, "There never seems to be enough staff to respond fast enough." Gaps during the day in staff availability meant that people did not always get the support they needed when they needed it to ensure their welfare and the welfare of others was not put at risk.

At our last inspection in May 2015 improvements were needed because not all areas of the service were clean or hygienic. This was brought to the management's attention and the areas of concern identified were addressed before we left. Prior to this inspection we had been advised by the community infection control team that improvements were needed to the hygiene standards at the home. We saw that some of the actions identified had been addressed at the time of this visit and other actions were in the process of being addressed. For example it had been identified that a number of mattresses needed replacing. On the day of our visit we saw that these new mattresses were delivered. We saw that a deep clean was taking place in a person's bedroom. The registered manager told us that each person's room was to be deep cleaned. The home had a programme called 'resident of the day' on this day the person had their room was deep cleaned, a pamper session, their care plans reviewed, and a meal of their choice prepared for them. We were informed that a deep clean of communal areas was due to take place later in the week and would be done at night to avoid disruption. The operations manager confirmed that they were in the process of revising the cleaning schedule to ensure all areas of the home were maintained to infection control standards. On the day of this inspection the home appeared clean and tidy.

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the

recruitment checks in place for four 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.

People that were able to give us their views told us they felt safe with the staff that supported them. Visitors also confirmed this. One visitor said, "My relative is definitely safe here." Another visitor said, "Since [Name] has been here they seem much happier and settled. Here, they have managed to get [Name] off all the drugs they were on previously and they are more alert and like their old self. That shows me the staff care about [name] and they are safe here."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "If you think something is not as it should be or someone isn't treated properly, you can report it to social services and it will be investigated but I feel if I reported anything to the manager it would be reported and investigated properly." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Staff and visitors had access to information about the local authority safeguarding arrangements and the procedure to follow, as this was displayed on the notice board in the reception area of the home

The care plans we looked at demonstrated that the registered manager assessed risks to people's health and wellbeing. Where risks were identified, care plans described how staff should minimise the identified risk. One member of staff told us, "People are safe due to risk assessments being in place that we follow, we have people with very complex and challenging behaviours and most people have a mental health plan in place." The staff we spoke with knew about people's individual risks and explained the actions they took and any equipment they used to support people safely.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. We observed staff supporting people using moving and handling equipment and saw that this was done in a safe way. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We observed staff administering people's medicines and saw that people were given a drink and time to take their medicines. The staff member stayed with them to ensure the medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

At our last inspection in May 2015 improvements were needed because the staff did not always effectively communicate with people they were supporting with their meals. At this inspection we saw that where people required staff support to eat this was provided in a considerate way and staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal. We saw that people were encouraged to eat their meal but their wishes were respected when they didn't want any more.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us they liked the food. Another person told us whilst eating their lunch, "This is lovely." We saw that people were offered choices and alternatives were provided when people did not want the lunch time choices. One person was reluctant to eat anything offered and the staff continued to offer alternatives that they knew the person liked until they found something the person wanted. Another person declined a hot meal and requested sandwiches and crisps and these were provided. We saw that several snacks were offered throughout the day to ensure people ate sufficient amounts to maintain their dietary needs. For example people were provided with small bowls of chocolate in the morning and a sausage roll later in the morning. This corresponded with the information in the PIR that confirmed people were supported to 'graze' with finger food throughout the day to ensure their nutritional needs were met. We saw that refreshments were offered to people throughout the day to maintain their hydration needs.

At our last inspection in May 2015 improvements were needed because where people were assessed as being at risk of dehydration the relevant records had not always been completed. At this inspection we saw that records were maintained for people that were identified as being at risk, this ensured the staff could monitor that people were having enough to drink.

The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk, care plans provided clear instructions to staff on how to support people. We saw that people's weight was monitored to ensure they could be referred to specialist service as needed. For example we saw that one person had been referred to a specialist due to weight loss and had been prescribed supplements to promote their weight gain. We saw this person received these.

We received positive comments about the staff team. One visiting professional told us, "The staff are caring, there are a lot of people with complex needs and the staff manage people's needs well." One person's visitor told us, "The staff seem to know what they are doing, they certainly know [Name] well and how to look after them. I have no concerns about the care provided, I think the staff are very good."

People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff recently employed told us, "I had moving and handling training yesterday and have more training booked. I have read through people's care plans and am really enjoying the job. I like helping people to remain as

independent as they can be and the staff team have been really supportive to me." Another member of staff told us, "I like working here, I think there is a lot of individualised care. I am currently doing my diploma in health and social care; the management team are very supportive and encourage training."

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. Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and asking them if they wanted to go outside for a walk in the garden area. This demonstrated staff respected people's rights to make their own decisions when possible.

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 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. At the time of our inspection the manager confirmed that no DoLS authorisations were in place and confirmed that applications had been made to the Supervisory Body for everyone that used the service. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

Visitors we spoke with confirmed that their relative's health care needs were met. One visitor told us that their relative had access to healthcare services and confirmed that a doctor was called quickly when their relative had required medical intervention they said, "The issue was resolved quickly." Another visitor told us, "If there are any health problems the home contact my daughter as she is the first point of call and she lets us know, they are very good at informing us and making sure that [Name] sees a doctor when it's needed." Another visitor told us that their relative was due to be seen by the doctor and they had chosen to be present when the doctor called, so that they fully aware of any treatment and medicine needed. A visiting healthcare professional told us that staff communicated well with them and always followed the guidance they provided.

Is the service caring?

Our findings

At our last inspection in May 2015 improvements were needed because we observed occasions when staff did not always speak or behave towards people in a way that was respectful and promoted their dignity. At this inspection we observed a positive and caring relationship between people who used the service and staff. One person told us, "The staff are lovely to me." Another person said, "They are all very nice, good people." People's visitors told us that staff treated their relatives with respect and kindness. One visitor said, "The staff couldn't do more than they do, they are very kind." We saw that staff approached people with respect and in a kind and compassionate way. We observed that staff engaged in conversations with people and when people had not understood what was being said to them, staff gently repeated this and gave the person time to respond.

When people were supported to transfer using equipment we saw the staff ensured they were covered to promote their dignity. The staff took the time to explain what they were doing and they checked that the person was alright throughout the procedure. This showed us that staff treated people respectfully and with consideration.

We saw that staff supported people to maintain as much independence as possible. As part of the activity coordinators role, they supported a group of people during the lunch period. People were encouraged to prepare their own drinks by supporting them to pour milk from the milk jug into their tea cups and then add the tea from the pot. We saw that people were provided with equipment to enable them to eat independently. For example plate guards were used for some people to support them in maintaining their independence.

People were supported to celebrate their lives and maintain their sense of self-worth. We saw that special occasions were celebrated such as birthdays. A member of staff told us, "When it's somebody's birthday the cook makes them a cake and their family come to celebrate with us. One person who was celebrating their birthday, the day after our visit told us. "I am having a party and a cake; I'm really looking forward to it."

We saw that staff were attentive towards people when they became upset and confused. For example, one person became upset about their mother, the member of staff spent time sitting with them and comforting them. This showed that staff were compassionate towards people. Some people were very demanding of the staff's time and we saw that the staff responded to them in a patient and respectful way.

People's visitor's confirmed they were involved in their relatives care planning and reviews. One visitor said, "We are invited to attend meetings but the manager is always around when we visit, so anything we want to talk about isn't restricted to meetings, she is very good."

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One person's visitor said, "The staff always come and ask us if we want a cup of tea and always ask how we are, it's a friendly place." Another visitor told us they were able to bring in their dog in, which they felt provided comfort to their relative. We saw this had happened and the person expressed pleasure at

having their dog visit.

Is the service responsive?

Our findings

At our last inspection in May 2015 some people told us they were not confident that their concerns were acted upon promptly. At this inspection we saw that the provider's complaints policy was accessible and people were encouraged to express their opinion about the service. We saw that records were kept of written complaints received and we saw that these complaints had been responded to promptly and addressed. However several visitors said they had verbally raised concerns regarding missing items of their relative's clothing and other belongings and told us that they had not received a response regarding these concerns. One visitor said, "The staff said they would look for me but I haven't received an answer and I have had no reply in writing about them." As there were no records of these concerns, we could not be sure that informal concerns had been addressed in line with the provider's complaints policy.

Staff knew people well and were able to support them according to their needs. For example one person enjoyed going outside for a walk around the garden. We saw staff asking this person if they would like a walk outside and they confirmed they would and staff supported them to do this. We saw that this information was clearly documented in their care plan. We saw information in a person's support plan regarding an inappropriate behaviour they sometimes displayed. The information identified when this person was likely to demonstrate this behaviour. Discussions with staff and our observations showed that staff were aware of the triggers and we saw staff supporting this person when needed to reduce the likelihood of this behaviour occurring. Staff supported people according to their preferences. For example we heard one member of staff say to a person, "I know you don't like sugar in your tea, so I haven't put any in." Another person was supported to go for a cigarette. A member of staff told us, "We don't encourage or suggest this but if [Name] asks for a cigarette we don't say no, it's their choice to make."

The activities included entertainment within the home from external entertainers. We spoke with the activities coordinator who told us that although there was a plan of activities it was difficult to follow this due to people's needs. They told us "I spend time walking around and talking to people, yesterday some people were supported to wash some pots, we also do some baking, colouring and I sit and read the bible with people that are interested." We did not observe any planned activities taking place but we saw the activities coordinator did spend time sitting talking with people throughout the day. On the day of the inspection the local vicar visited to hold a small service and confirmed that this had been organised by one of the staff team. They told us that people tended to come in an out during the short informal service and confirmed that there were a couple of people who attended quite regularly. This showed that people's spiritual needs were considered.

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well-being were monitored to enable the appropriate action to be taken.

Is the service well-led?

Our findings

At our last inspection in May 2015 systems were in place to monitor the quality of the service being provided but they did not always pick up shortfalls within people's records. At this inspection we saw that improvements had been made as people's records were up to date and contained the relevant information to enable staff to support people according their needs and preferences.

There were systems in place to monitor the quality of the service and we saw that areas for improvement had been identified. However the operations manager confirmed that actions from an internal infection control audit had not been addressed swiftly and led to these concerns being identified through external monitoring visits from the community infection control team. We saw these concerns were now being addressed by the provider, however the delay had placed people at risk.

We saw that some people that used the service demonstrated behaviours that put themselves and others at risk. During the inspection we observed one person behaving in an aggressive way towards staff whilst they were being supported to move. We saw that the staff responded professionally and continued to reassure and explain what they were doing. However we noted that this incident which led to one member of staff sustaining a minor injury was not recorded as an incident. A member of staff also told us that incidents were not always reported. We discuss this with the manager and the operational manager and they confirmed not all incidents had been recorded as staff had become used to the person's behaviour. This demonstrated that the provider had not recognised the importance of staff recording all incidents to ensure people's behaviours were monitored and the appropriate level of support was provided to meet the person's needs.

At our last inspection in May 2015 not all of the staff felt supported or valued by the management team. At this inspection staff told us they felt supported and valued by the management team. One member of staff told us, "The manager is very supportive; she always thanks us for our work." Another member of staff told us, "There is plenty of support from the management, there is supervision every so often and we can ask anything about the job or training, it's quite useful."

We saw that falls were analysed to identify any patterns or trends. We saw that when a pattern was identified action had been taken to minimise the risks of a re-occurrence. For example one person following an analysis of falls had been referred to the falls clinic for assessment.

People's visitors knew who the manager was and told us that she was approachable. One visitor said, "The manager always asks how we are and is very good." We saw that people's visitors were given the opportunity to express their views regarding the running of the home. This was done through satisfaction questionnaires. We looked at the audit of the surveys received between January and March 2016. We saw that actions had been put in place following responses from people. For example we saw that an action was in place for care staff to undertake an inventory of people's belongings and for staff to ensure people's clothing was labelled. Relatives meetings were also provided and incorporated into social events to enable people's relatives to get together and discuss any issues or suggestions they had. We saw that meetings were held at various times to enable people that worked to attend.

The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.