

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

About the service

Rutland Manor Nursing Home is a residential care home providing personal and nursing care to up to 41 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 35 people using the service.

The service accommodates people in one adapted building over 2 floors. The ground floor has a lounge and dining area. A garden and enclosed patio were also available that people could access.

People's experience of using this service and what we found

Relatives told us they felt the service was safe. Staff were recruited safely, and staffing levels met people's needs. Medicines were managed safely and were administered by trained nurses. Infection prevention and control measures were found in place.

Assessments of people's needs had been carried out prior to people using the service. People were supported to eat and drink a balanced diet and had a choice of meals, snacks and drinks. Staff training was relevant and up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives consistently told us they were supported and treated well. People and their relatives had contributed to their care planning and staff promoted people's independence and treated people with dignity and respect.

People's needs were regularly reviewed, and support was adjusted as required. The service employed activities staff, who provided meaningful activities to keep people stimulated, as well as reduce social isolation.

The management team were passionate about delivering positive experiences and outcomes for people. The provider and registered manager had a good oversight of the service through their structured schedule of audits which checked all aspects of the service. People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, through questionnaires and in person.

Rating at last inspection

The last rating for this service was good (published 27 June 2018)

Why we inspected

The inspection was prompted in part due to concerns received about the care and treatment of people. A

decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rutland Manor Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rutland Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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.

Service and service type

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

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 10 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered managers, nurses, care assistants, domestic assistants and the operations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to the registered manager and relevant professionals.
- Relatives told us they felt the service was safe. One relative told us, "[Person] is very safe. The home regularly contacts me to update and reassure me." another relative told us, "[Person] is safe because [person] is looked after by staff who connect with them."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of recurrence.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives, in relation to their mobility and skin integrity were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- Staff sought advice when required from a range of healthcare professionals to ensure appropriate and safe care was delivered.
- Environmental risks were well managed, regular checks had been carried out. This included water temperature checks and fire safety.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives consistently told us the staffing levels met their needs. One person told us, "Staff are fine, they are always around." and a relative told us, "It seems like there is enough staff when I visit on weekends, the carers come straight away."
- During the inspection we observed people received care and support promptly when they required.

Using medicines safely

- Medicines was administered by trained nurses whose competency was regularly checked.
- Stock levels of medicines corresponded with the records in place. Staff regularly checked the stock levels

to reduce the risk of errors.

- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.
- Relatives also told us they felt medicines were managed well. One relative told us, "The nurses do [person's] medicines and the head nurse is very competent. They managed to get [person] off a tablet and know how to calm [person] without the strong tablets. It was discussed with me."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns in order to improve the care provided. For example, we found additional staffing and equipment had been put in place when people had been identified as at risk from falling.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried out prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service were able to meet the person's needs and preferences.
- Care plans and risk assessments clearly identified people's needs and risks. They showed the action staff should take to minimise any risk of avoidable harm. For example, where people required equipment to support their mobility, personalised handling assessments were in place and provided staff with clear guidance on how to support people safely.
- Care records had been regularly reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. We reviewed the staff training matrix which evidenced staff had undertaken the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us the training they had received enabled them to carry out their roles effectively. One staff member told us, "My induction and training has been really good." Another staff member told us when they had requested the opportunity to complete a National vocational qualification (NVQ), this had then been arranged.
- The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervisions, this included one to one sessions and spot checks of their competencies in key areas such as moving and handling and infection, prevention and control.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.
- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink, we saw this was provided. We observed people being supported to eat and drink with dignity and patience.
- People were provided with a choice of meals. People told us they were happy with the food provided. One person told us, "There is always lots of cups of tea and biscuits, you can have what you want, meals are nice and you get a choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to access healthcare when required and assisted with raising any health concerns they identified in a timely manner.
- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of guidance in place, and we observed the guidance to be followed in staff practice.
- We received feedback from people's relatives about how the service had positively supported people with their health conditions. One relative told us how their family member had put on weight, and another relative told us how their family member's mobility had improved since they started using the service.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised with their belongings, chosen pictures and ornaments.
- There was sufficient signage to assist people in orientating themselves around the building.
- People could access the outside gardens which had several seating areas. We observed people accessing this outside space independently and with staff support when required throughout our inspection.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments and best interest decisions in place when relevant. These had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives consistently told us they were supported and treated well. One person told us, "Staff are all so helpful, I've been here ages, I love it." And a relative told us "They [staff] are patient, kind and empathetic. They are skilled and diligent".
- Staff had received training in equality, diversity, person centred care and dignity. Care plans contained information about people's lifestyle choices and personal relationships, and the support staff provided to ensure people's individual needs were met.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had contributed to their care planning. Care plans provided staff with information on the person's views, preferences and decisions.
- Where people were unable to express their views, staff consulted their relatives and professionals involved to ensure care was delivered in the person's preferred way and in their best interests.
- Relatives told us their family members choices and decisions were respected by staff. One relative told us "[Person] can make choices on their food, when they want their hair done. [Person doesn't have to get up if they want to sleep longer."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's independence. We observed this throughout our inspection, and relatives consistently told us people were encouraged and supported to make decisions on their day to day life.
- Relatives told us they felt confident people were treated with dignity and respect. One relative told us, "The carers have a respectful attitude to people" and another told us, "The carers are understanding of dementia and are kind. They interact with residents patiently. They are genuinely caring and understanding."
- We observed staff supporting people with dignity and respect throughout our inspection. For example, we observed staff to offer discreet and dignified support to people when they needed it with their meals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following an assessment of people's needs, care plans were developed and agreed with the person or relatives if appropriate, in how they wanted to receive their care. Care plans provided staff with information and guidance about people's needs, choices, and preferences.
- People's needs were regularly reviewed, and support was adjusted as required. Staff evaluated people's care plans monthly or before if a change in a person's need was identified.
- Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs. One staff member told us, "I work on a one to one with [person], we get lots of time to chat, I think I know [person] well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included details of the accessible information needs of each person and the support they required to ensure these were met. This information was reviewed as people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed activities staff, who provided meaningful activities to keep people stimulated, as well as reduce social isolation.
- Relatives spoke positively about the activities available at the service. One relative told us, "There's all sorts of activities going on, there's a poster of activities on the wall. The home invites loved ones to come in. They had a falconry day and parties, there's singers and dancing." And another told us, "They have singing, I was asked about [person's] likes and dislikes. The staff chat with [person]. They also have birthday parties."
- People were asked for their feedback on the activities they had participated in. We reviewed feedback people had provided and could see people's ideas had been actioned.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints that had been made and found these had been investigated and actions had been taken to reduce the reoccurrence of the issues raised.

- Relatives told us they knew how to raise complaints or concerns. A relative told us of their experience when they had raised a concern and how this was promptly resolved.

End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- Staff had received training in end of life care and people's care plans detailed decisions and arrangements people had made, so staff had information to follow to ensure people's choices and needs were met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The management team were passionate about delivering positive experiences and outcomes for people. The registered manager told us, "We let people live how they want to be". Relatives confirmed that the service was achieving positive outcomes for their family members. One relative told us "[Person] has come on in leaps and bounds at this home." And another told us "[Person] is being well cared for and all the staff are doing a good job".
- Staff and relatives spoke positively about the management team. A staff member told us, "The managers are approachable and capable." And a relative told us "I have no problem with how the service is managed. The home and manager have been helpful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.
- The provider and registered manager had a good oversight of the service through their structured schedule of audits which checked all aspects of the service. Where issues were identified action plans were put in place. For example, where medication recording issues had been identified this had been promptly followed up, with appropriate actions taken.
- The registered manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt able to raise any concerns they had.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, through questionnaires and in person. We reviewed this feedback and found it to be positive and complimentary.
- Staff meetings took place regularly and staff had regular supervisions. Staff told us they felt supported in their roles and felt communication in the service was good. One staff member told us, "During shift handovers, each resident is discussed, so we know what's happening and if anything needs following up."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a 'home action plan' in place which was regularly reviewed and updated. We reviewed the plan and found improvements had been made in relation to medicines management and infection, prevention and control.
- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

Working in partnership with others

- The service worked in partnership with other professionals such as Speech and language therapists and GP's to support people to access healthcare when they needed it which had improved people's outcomes.
- We found the service had acted promptly on several occasions where staff had concerns about people's health. The service regularly referred people for additional support from external professionals.