

Responsible Care Homes Ltd

Rutland House 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 House Nursing Home is a residential care home registered to provide personal and nursing care for up to 18 people living with dementia, mental health conditions, physical disabilities or sensory impairments. The service is set across two floors. There were 14 people living at the service at the time of the inspection.

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

People and their relatives told us staff were kind and caring towards them and they felt safe living at the service. There were sufficient staff to support people with their needs and staffing levels were regularly reviewed. Staff were aware of risks related to people's care and how to support people whilst helping to maintain their independence. Staff knew how to whistle blow and raise concerns should they need to.

People's medicines were managed safely. People told us they had regular access to healthcare professionals. Care records we reviewed and healthcare professionals confirmed this.

Safety checks of the premises and fire safety checks were undertaken and there were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

Staff had received regular training and supervisions in order to perform their roles effectively. Staff were supported in their progression and supervisions gave them the opportunity to discuss achievements, performance and future training opportunities.

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.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care records were person-centred and included information on risks associated with people's care.

People were provided with a range of activities which included group activities and one-to-one activities. Staff had considered the risk of social isolation and people confirmed that they were able to partake in activities but that their wishes were respected should they choose not to participate.

There were systems in place to monitor the quality of the care provided. People, their relatives and staff told us they knew how to complain and felt that the manager would listen to their concerns. They told us that they were regularly given the opportunity to feed back on the service and attend meetings.

People, their relatives and staff told us that there was a positive atmosphere at the service which actively involved them. They told us that the service was managed effectively and spoke highly of the registered manager and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date it first registered with the Care Quality Commission.

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.

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 House 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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 House 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 House 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.

The service had a registered manager 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 its registration. We sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We received feedback from 6 relatives about their experience of the care provided. We received feedback from 7 healthcare professionals who regularly visit the service. We spoke with 10 members of staff including the registered manager, a company director, care workers, nurses, the administrator and the trainer. We observed interactions between staff and people who used the service. We reviewed 6 people's care records, 12 people's medication administration records and 4 staff recruitment files.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service. A relative told us, "We know [person] is safe here." Another relative said, "Yes. [Person] has not shown any behaviour that would make me think otherwise."
- Staff understood what constituted abuse and the steps they should take if they suspected abuse. One member of staff told us, "Emotional abuse would be like speaking to someone to make them feel bad. I would go straight to the manager, or I would contact [CQC]." Another member of staff said, "I think I could whistleblow to CQC."
- Staff had undertaken training for safeguarding and understood their responsibilities. The provider had a safeguarding and whistleblowing policies in place and we saw in training records that all staff had undertaken the training.

Assessing risk, safety monitoring and management;

- People and their relatives told us staff managed risks in relation to their care and knew their risks well. A relative told us, "I cannot fault the care that [person] has received at Rutland House."
- Staff knew how to keep people safe from harm and knew about the risks associated with their care. One member of staff told us in relation to risk management, "[Person] does have a floor sensor, it triggers the alarm."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. Risk assessments included information on people's preferences and how staff could appropriately support the individual whilst ensuring their wishes were respected. For example, where a person was prescribed anticoagulants (blood thinning medicines) there were detailed risk assessments in place for staff to follow in the event of a fall.
- We reviewed the emergency evacuation plan and people had individual personal emergency evacuation plans (PEEPS) in place. PEEPS included information on the person's medical conditions and needs, a recent photograph, and relevant mobility and visual impairments.
- The provider had recently upgraded the fire panel and had worked with an external organisation to review the fire safety at the premises. We saw that mobility and fire equipment had been inspected by relevant professionals to ensure it was safe to use, and staff had completed fire safety training. A member of staff told us in relation to evacuations, "We'd either close the fire doors and make sure they're two doors away and call the fire brigade. We've done training for the mats so we can take the residents down the stairs."

Learning lessons when things go wrong

- The registered manager had completed accident and incident reports which were shared with the local authority and sought advice from healthcare professionals appropriately. Staff knew when to complete

accident and incident report. One member of staff told us in relation to finding an unexplained bruise on a person, "I would take a picture of it, measure it, incident form, accident form. I would make sure the documentation was done. I would report it to the GP."

- The registered manager had regularly monitored accidents and incidents to identify patterns and reduce the risk of them happening again. The analysis showed that the provider was looking at ways to reduce accidents and incidents happening in the service.

Staffing and recruitment

- People and their relatives told us there were sufficient staff to meet their needs. A relative told us, "They don't have to wait for help." Another relative said, "They definitely have enough staff. I can't fault them at all."

- Staff told us they felt there were sufficient staff to meet people's needs. One member of staff told us, "We have enough staff so we don't have to rush. We are working in the residents' home. Most of all, we spend time with them."

- We observed staff attended to people in a timely manner and there were regular checks in place for people who liked to remain in their rooms. Where people chose to stay in their rooms for the majority of the day, they told us staff regularly checked on them and offered support.

- People's needs were regularly assessed and the provider adjusted staffing levels to meet people's needs. Where the provider had identified prior to the inspection, that they required a further member of staff at nighttime, they had deployed them. This showed that their systems in place worked effectively to identify when further staff were required.

- The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, checks with the Nursing and Midwifery Council (NMC) and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were received, stored and administered safely. People's medicines were recorded in Medication Administration Records (MARs) which included a recent photograph of the person, allergies, details of the prescriber, and preferences on how they wished to take their medicines.

- Medicines were stored in locked trolleys and the temperature of the surrounding area was checked regularly.

- There was guidance for 'as required' (PRN) medicines available for staff. This included the minimum time between doses, the maximum dose, the route of administration and how the person presents when they require the medicine. Where a person was prescribed pain-relieving medicines, there was detailed information on how the pain presented and what staff should be aware of.

- Documentation we reviewed showed that staff had undertaken training and competency checks to ensure they had the skills required to administer medicines safely. Competency checks included ensuring staff were aware of the standards expected, how to report medicines errors and how to ensure contemporaneous medicines records were kept.

- There were instructions in place for medicines that were required to be applied to the skin. The instructions provided staff with the information required to apply these in line with the prescriber's and manufacturer's instructions.

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.
- People's family and friends were able to visit at a time that suited them and staff supported people with visits where they required this. One relative told us, "I think it's really positive about them that you can just come whenever you want. They're really flexible."

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider had undertaken assessments with people and their relatives to ensure they were able to meet care and social needs prior to admission to the service. One relative told us, "I can honestly say that the moment I sat down to talk to the [registered manager], [registered manager] understood how I was feeling, was incredibly empathetic and helped guide me through my next steps - and even advised that I looked at other care homes too."
- Pre-admission assessments were undertaken in-person and included information on the individual's care needs, social needs and details of people involved in the individual's care. Staff assessed people's medical history and any religious or cultural needs. A social worker told us, "...they (staff) went to assess the adult in Surrey hospital before they affirmed they could meet [person's] needs."
- Care provided was in line with national guidelines and the service's policies and procedures reflected this. For example, staff completed nationally recognised tools such as the malnutrition universal screening tool (MUST) to monitor weight loss and tools to monitor skin integrity.

Staff support: induction, training, skills and experience

- Staff had completed an induction which included shadowing a senior member of staff and regular training to perform their role effectively. A member of staff told us, "I will be shadowing, then they'll be booking training for me as well. I'm being supervised all the way."
- Staff told us they had received regular supervisions to discuss performance and areas of training and development they wished to undertake. Records confirmed this. One member of staff told us, "[Registered manager] will ask me if I'm happy or if something is wrong. All my training is up to date. Now she put me for NVQ (national vocational qualification)."
- The service had a training and competencies matrix in place to ensure staff had completed training and regular refreshers. Training was delivered face-to-face and staff told us they were encouraged to ask questions and engage with the training modules. Records showed staff had completed training for relevant areas directly in relation to the people they supported. This included training for dementia care, mental health awareness and epilepsy.

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

- People and their relatives told us they were able to choose what they wished to eat and that the food provided was of a good standard. Comments from people who used the service included that the food was "good" and "lovely" and they told us they could choose what they would like, "I am sure if you wanted anything you would get it." A relative told us, "They have a chef and it's very varied and cooked on the premises."

- We observed staff supporting people to eat and drink in a kind and respectful manner. People were offered a choice of meals and snacks and were able to request an alternative if they preferred. Training records showed staff had undertaken 'food hygiene' training to ensure they were able to handle food appropriately.
- We observed staff regularly offering people drinks to reduce the risk of dehydration and developing urinary tract infections.
- Whilst nobody required a texture modified diet at the time of the inspection, the registered manager understood their responsibilities in ensuring people were always offered a choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they were able to access healthcare professionals when they needed to. A relative told us in relation to accessing healthcare services, "We don't have to worry about that. It's so good because [person] actually gets seen by the GP and they always contact us straightaway."
- Care records showed staff had sought advice appropriately from healthcare professionals and followed the instructions they were provided with. We saw evidence that people had received input from dentists, the visiting GP who undertook a weekly round, the community mental health team and the chiropodist.
- Healthcare professionals (HCPs) told us they felt the service provided consistent and timely care. One HCP commented, "There was good relationships between the nurses and they all worked well together." Another HCP said, "[Registered manager] is always willing to help me with information regarding the residents' medical conditions and provides me with the necessary apron, gloves, and mask."

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

- The service was set across 2 floors and decorated to meet people's needs and preferences, with access to a garden which included a seating area and was actively used during the inspection.
- People's rooms had been personalised with their own items and people were able to bring their own furniture should they wish to. A relative told us, "[Person] has a nice and spacious room, which since [person] spends most of her time there is very important and we are always comforted in the knowledge that [person] is safe there and in capable and caring hands."
- The provider had an action plan to improve the home in stages. This included improvements to the fire alert system which had been completed and work in relation to improving the communal areas of the service. The registered manager told us they wanted to ensure the environment was "dementia considerate" and catered to people's individual needs.
- Where there were limitations due to the nature of the premises, the registered manager ensured they took this into account when assessing prospective service users.

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 who used the service and their relatives told us staff sought consent before supporting them and were respectful of people's choices. A relative told us, "They are incredibly respectful and they always ask before they come in the room when I'm visiting. [Person] has never complained."
- Staff had undertaken best interests decisions with the involvement of relatives and healthcare professionals where a capacity assessment indicated that a person lacked the capacity for a specific decision.
- Where a person lacked the capacity and a best interests decision was made, staff had submitted a DoLS application to the local authority which indicated who had been involved in the decision-making process.

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.

This is the first inspection of this newly registered service. This key question has been rated 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 told us staff were kind and caring towards them. A relative commented, "I can go home and know that she is looked after properly." Another relative said in relation to staff approach, "It made the experience a positive one when it can be a negative one."
- We observed staff interacting in a kind and respectful way with people involving them in their care. Staff communicated with people in a respectful way and people appeared at ease and comfortable with staff.
- Staff had undertaken training for 'Equality and Diversity' and understood the importance of respecting people's wishes and treating people with dignity. One member of staff told us in relation to equality and diversity, "[It means] not to discriminate. Sometimes you discriminate but you don't know you're doing it. We did the training. I would report it straightaway."
- People had access to local places of worship, including at Rutland House and via videocalls. Where a person preferred to remain in their room and join services remotely, staff supported them to do this.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt staff promoted their independence and respected their right to privacy. One relative told us in relation to staff promoting independence, "Especially with [staff member], she is always encouraging [person]."
- People and their relatives told us they felt involved in making decisions about their care and care records stated who was involved in the decision-making. One relative told us, "If there's any problem or any changes, we are always kept up to date even with the little details."
- We saw one person was encouraged by staff to complete a task independently and staff knew people's limitations well. Another person chose to remain their room and staff agreed a frequency of regular checks with the person's involvement.
- We observed staff ensuring people's privacy and dignity was respected. Staff knocked on the door and waited for permission to enter, staff asked people if they wished to leave the lounge and staff spoke to people in a dignified way treating people as individuals.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People and their relatives told us staff knew their needs and preferences well and that they were involved in the care planning. A relative told us, "We have been delighted with the excellent care, consideration and treatment that our mother has received since [registered manager] took over the Rutland."
- People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included care plans for personal care, nutrition and hydration, lifestyle, mobility and emotional support. People's preferences were recorded and there were instructions for staff to follow to reassure people.
- Care records included information on people's oral care needs, such as the level of support provided by staff and the dentist's involvement. The dentist told us, "I had a discussion with [registered manager] and she is aware if someone is having a problem. She knows what's going on."
- Staff told us they had sufficient time to read care plans and undertook daily handovers to report on changes to people's needs and events planned during that day. One member of staff told us, "They told me everything before I started. They introduced me to the service users. I read the care plans and I was in the handover."

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.

- The manager told us they were able to provide policies and other documentation in an accessible format such as in large print or pictorial should people require this. At the time of the inspection, people did not require information in different formats.
- Care records included information on people's communication needs and the steps staff should take to communicate with the person effectively. For example, one person sometimes chose to use a whiteboard to communicate due to their hearing. Staff knew this and used the board to communicate during the inspection.

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

- People and their relatives told us they were happy with the number and types of activities on offer. One

relative told us, "They treat the residents with the upmost respect and try and stimulate them with various different activities."

- We observed staff engaging with people throughout the inspection. People appeared to enjoy the activities on offer and people's choices were respected if they did not wish to attend. Staff used opportunities throughout the day to offer people activities engage in. Staff were showing people magic tricks and sitting with people on a one-to-one basis discussing their favourite bands and looking at photographs.
- Activities offered included culturally significant activities such as engaging with the local church or other places of worship, visiting entertainers, and engaging with the local community and local schools.
- Where people wished to remain in their rooms, they were offered alternative activities on a one-to-one basis to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- The registered manager took people's complaints and concerns seriously and there were systems in place to learn from complaints. A relative told us in relation to a complaint they had submitted, "Only on one occasion and this was dealt with immediately and I was encouraged to always talk through any concerns if they should arise in the future." Another relative commented, "100% [registered manager] would listen even from the beginning."
- The provider had a complaints policy and procedure in place and responded to complaints made to the service in line with their policy. Minor complaints were also recorded and action taken to resolve these was documented.

End of life care and support

- We reviewed care plans relating to people's needs and preferences for their end of life care. 'My Life, My Wishes' care plans included information on the people important to the person, health and social care professionals involved, their values and beliefs and specific wishes to make the person comfortable during their last days.
- Care plans included information on people's cardiopulmonary resuscitation (CPR) wishes and where there was an order in place not to administer CPR if a person's heart stopped.
- Staff had undertaken the 'gold standards framework' (GSF) training for end of life care. GSF is a practical and evidence-based end of life care improvement programme which aims "to enable a 'gold standard' of care for everyone, with any condition, in any setting, given by any care provider, at any time in a person's last years of life." A member of staff told us, "The end of life training is very good. [Registered manager] does the extra things to their rooms to make life as comfortable as possible."

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People and their relatives were very complimentary about the leadership and the culture in the service. One relative told us, "I can say categorically that we, the family, have nothing but praise for [registered manager] and the professional and caring management skills that she has brought to the Rutland and for the way that she has brought all her staff on to provide a high level of skilful, thoughtful and kind, nursing, social and supportive care for the residents." Another relative said, "[Registered manager] has such a personal approach. Those little things have really helped us as a family cope."
- Staff were complimentary about the leadership and culture in the service. One member of staff told us, "It's managed very well. The care is what comes first. That's what I like about [registered manager]." Another member of staff said, "We have good team work here and she couldn't be more approachable."
- We observed the manager was visible and approachable throughout the inspection and knew people's needs and preferences exceptionally well. For example, the registered manager was fully aware of people's preferences and looked at ways of making people's lives as comfortable as possible.

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 registered manager understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents which qualified as duty of candour incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform their roles and knew where to go if they were unsure. One member of staff told us, "I'm very happy here and we have a very good support system."
- The provider had undertaken audits of medicines, infection prevention and control, care records and health and safety. Where these had identified issues, such as improvements which could be made to the detailed recording of activities and emotional support needs, this was addressed by the registered manager.
- Where we highlighted minor areas for improvement during the inspection, the manager proactively

addressed this immediately and implemented measures. For example, where the recording of temperatures for medicines storage could be recorded in a more precise way, this was implemented before the completion of the inspection and the registered manager showed us evidence of the improved systems in place.

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had notified CQC where this was appropriate. We saw in records that the local authority and other relevant agencies had been informed of incidents.
- Relatives told us they had been informed of significant incidents and changes in line with agreed communication plans.

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

- People and their relatives told us they felt engaged in the service and that their comments would be considered. A relative told us, "They ask if we are happy. They're always making sure everything is fine and everyone is happy."
- The provider had sought regular feedback from people who used the service, relatives and staff which was analysed for areas of improvement and to acknowledge achievements. A relative commented, "I honestly cannot tell you how brilliant they all are from [registered manager] at the top. They're just so supportive."
- We reviewed minutes of meetings and saw people were involved and asked for their suggestions. For example, the types of activities they would like, feedback in relation to meal choices and updates on the planned refurbishment of the service.
- Staff told us they felt engaged in the running of the service and felt valued by the registered manager. One member of staff told us, "Yes, I feel valued. Our manager is sending us on courses and training." Another member of staff said, "They (management) tell me to go to them with ideas. I do feel valued. They are so grateful. I love working for [registered manager]. It's nice to come into work."
- Staff understood people's equality characteristics and how to ensure people were engaged and involved. One member of staff told us, "We do face to face equality and diversity training. It's about how you treat the people when it comes to their race, religion and choices."

Working in partnership with others

- Care records evidenced that external professionals and the local authority had been involved in people's care to achieve positive outcomes for people.
- The local authority and external professionals who regularly worked with the service told us the provider worked well with them. One professional told us, "I visit five different nursing homes, but Rutland House stands out due to its welcoming and comfortable atmosphere, which feels like a real family home." A social worker commented, "The home evidenced professionalism and partnership work in delivering positive outcomes for the adult we placed there and we have no complaints or concerns regarding the home."
- Staff worked well with local organisations such as schools and places of worship. This included events such as an annual tea party at the local infant school and a 'dementia project' with a local sixth form college. The registered manager told us about the dementia project, "We are reaping the benefits of the work in the garden."