

## Pilkington Retirement Services Limited

# Ruskin Lodge

### Inspection report

Swinburne Road  
Dentons Green  
St Helens  
Merseyside  
WA10 6AW

Tel: 01744457929

Website: [www.pilkingtonfamilytrust.com](http://www.pilkingtonfamilytrust.com)

Date of inspection visit:

18 January 2018

23 January 2018

Date of publication:

27 March 2018

### 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

The inspection took place on the 18 and 23 January 2018. The inspection was unannounced on the first day, and announced on the second.

Ruskin Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ruskin Lodge specifically provides respite accommodation for people over short periods of time.

The service is located in St Helens and is registered to accommodate up to 23 people. At the time of the inspection there were 12 people using the service.

There was registered manager in post who had registered with the CQC in December 2017. 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.

There were sufficient numbers of staff in post to meet the needs of people using the service. The registered provider had a staffing tool in place to help them determine the number of staff required to meet the needs of people using the service.

Recruitment processes were safe and helped ensure that people were supported by staff who were of suitable character. This helped protect people from the risk of abuse.

Staff had undertaken training in safeguarding and knew how to report any concerns they may have about people's wellbeing. The registered manager had been proactive in ensuring the wellbeing of one person was protected by ensuring the appropriate support was in place, prior to their returning home.

Staff had the skills and knowledge necessary to carry out their roles. For example staff had good communication skills, and had a good understanding around the medication administration process. Records showed that people had been given their medication as prescribed.

People spoke very positively about the food that was on offer. Kitchen staff were aware of people's dietary needs, which helped ensure that people were provided with appropriate options.

Where required people were supported to access health care professionals to help maintain their health and general wellbeing. For example, a health assessment for one person had been scheduled whilst they were staying at the service.

Positive relationships had been developed between people and staff. Staff interactions with people were familiar but professional and people presented as relaxed in their company. We observed the registered manager and area manager engaging in friendly conversation with people, which showed they knew people who were using the service.

People each had a personalised care record in place which contained details about their personal preferences, and their day-to-day care needs. Staff completed daily records regarding the care and support provided to people which were detailed and comprehensive. These provided an accurate and up-to-date record regarding people's requirements.

People's confidentiality was protected. Records containing personal information was stored securely and the registered provider had undertaken a significant piece of work around ensuring they were on target to meet changing data protection laws. This showed that the registered provider was proactive, and highlighted their professionalism.

The registered provider had quality monitoring processes in place with clear outcome which were followed up in a timely manner. The registered manager had developed a tool for analysing accidents and incidents which could be used to mitigate the risk of incidents from reoccurring.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There were robust recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to carry out their role effectively.

People spoke very positively about the food that was on offer, and were offered choices that were in line with their dietary requirements.

People were supported to access health professionals where needed.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff.

Staff maintained people's dignity and were respectful towards them.

There were measures in place to ensure that people's confidentiality was protected.

### Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised and outlined how staff should support them.

There were plenty of activities in place for people to engage in.

People told us they knew how to make a complaint. Where a complaint was received this was dealt with in a timely manner.

### **Is the service well-led?**

The service was well led.

There was a registered manager in post who people and staff knew and liked. People felt that she was approachable and staff told us that she was supportive.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

Audits which were carried out ensured that the quality of the service was maintained.

**Good** ●

# Ruskin Lodge

## **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 checked 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.

The inspection was unannounced as was carried out by one adult social care inspector.

Inspection site visit activity started on the 18 January 2018 and ended on the 23 January 2018. We visited an offsite office on the 23 January 2018 to review recruitment and training records because these were not kept at Ruskin Lodge.

During the inspection we spoke with six people using the service, three staff, the registered manager and area manager. We looked at 3 people's care records and recruitment and training files for three staff. We made observations on the interior and exterior of the premises. We also looked at records pertaining to the day-to-day running of the service, for example maintenance and quality monitoring records.

# Is the service safe?

## Our findings

People told us that they felt safe within the service. Their comments included, "Yes it's safe here" and "I always feel safe when I visit." People presented as relaxed and comfortable in their surroundings and when in the company of staff.

People were protected from the risk of abuse. Staff were aware of what to look out for and how to report any concerns. In one example the registered manager had taken appropriate action to ensure a person's safety prior to their return home. This had been done in conjunction with the local authority and showed that effective action was being taken to protect people.

Risk assessments were in place to help manage risks posed to people. For example where people were at risk of falls this had been assessed. One person had a risk assessment in place which informed staff how to support the person to manage the risk of depression. This helped keep people safe.

A new accidents and incidents monitoring tool had been implemented by the registered manager. This enabled the registered manager to look at trends and patterns which could be used to prevent incidents from reoccurring.

Environmental risks were managed effectively. For example appropriate fire procedures were in place, and fire drills had been carried out as required. Fire doors had recently been renewed to ensure they met the standards required by the fire service. Other checks had also been completed as required.

There were sufficient numbers of staff in post to meet people's needs. The registered provider's recruitment processes were safe and robust, which helped ensure people were protected from the risk of abuse.

Staff demonstrated that they understood how to give people their medication in a safe and appropriate manner. Quantities of people's medication were checked on a daily basis by two staff to ensure that there were no discrepancies. This process helped ensure people had received their medication as required. Medication records were being appropriately completed by staff as required.

Infection control procedures were in place to protect people from the risk of infection. The service was clean and smelled fresh throughout. We observed disposable gloves and aprons were available to staff where they needed to support people with personal care tasks.

## Is the service effective?

### Our findings

People commented positively on the food that was made available within the service. Their comments included, "The food here is to die for," and "Yes we enjoyed our meals, the food is always good."

Parts of the interior of the premises were uniform in design, which made it easy for people living with dementia to become confused or disorientated. Whilst the service did not support people with more complex needs, this may still have an impact upon them. We suggested to the registered manager and area manager that some work could be done around this; however we agreed that this should be proportionate to the needs of those people using the service.

There was an atrium on the first floor which overlooked the reception area on the ground floor. Whilst there was a rail in place to prevent people from falling there was a potential risk of injury should people try to climb over this. The registered manager had a risk assessment in place around this, and placed those people at risk of confusion on the ground floor, away from this. In addition, the initial assessment process was robust and ensured that people whose needs were too high for the service to meet, were not accommodated within the service. However, the area manager and registered manager told us that they were looking at ways to address this, so that the risk was mitigated fully.

The service was meeting the needs of those people with a sensory impairment. For example a hearing loop was available throughout the service which enabled people with hearing aids to listen to the television. One person with a visual impairment commented, "I'm registered blind. Staff are very good at supporting me. They can't do enough."

People's needs were assessed to a high standard prior to them coming into the service. This information was then used to inform the delivery of their care. For example appropriate care plans had been implemented around dietary needs or the risk of falls. This helped ensure people were kept safe and their needs were met.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments had been carried out where required. In one example a person's mental capacity had been assessed as part of concerns about them returning home, and a decision made in their best interests. This had resulted in the person remaining at the service until additional support could be put in place to ensure their safety would be maintained after they left the service.

Staff had received the training they needed to carry out their roles effectively. The registered provider closed the service for one week every January, during which time staff undertook training. Staff told us that the registered provider accommodated all their training needs. We observed good practice examples in relation to moving and handling, communication skills and medication.

People were supported to have a healthy diet that met their dietary needs. Kitchen staff were aware of those people with special dietary requirements. For example, the chef was aware that one person who required a

soft food option was due to stay in the service in a week's time.

People were supported to maintain their health and well being through access to a range of health professionals. For example, one person had been due to be assessed by the speech and language therapist during their stay at the service, whilst other people had accessed support from the GP or district nurses.

## Is the service caring?

### Our findings

There was a warm and caring atmosphere evident throughout the service, which promoted a culture whereby people were kind and supportive to each other. People told us that staff were kind and respectful. Their comments included, "I love coming here," "Staff can't do enough for you," "They (staff) bend over backwards" and "There's not one member of staff here who's unkind." People and staff were relaxed and at ease in each other's company which was evident from their conversations, and the positive comments made by people about staff.

Positive relationships had developed between people and staff. One person told us, "There's good banter here with staff. They have a good sense of humour." A number of people told us they had visited the service on multiple occasions and knew the staff well. We observed people and staff talking and laughing together which created a positive and friendly atmosphere. The registered manager and area manager were well known by people who used the service, and we observed multiple examples where they went out of their way to chat with people.

Staff were kind towards people and provided support where they noticed people needed this. For example, a member of staff noticed a person struggling to walk to their chosen seat at lunch time. The member of staff ensured their route was cleared of obstacles and offered them support. Staff spoke respectfully towards people, calling people by their preferred names.

People's privacy and dignity was maintained. Where people needed support with their personal care, staff ensured that bedroom and/or toilet doors were closed. People's confidentiality was also protected. Records containing personal information was stored securely in offices that were locked when not in use. The registered provider had a very good understanding of upcoming changes to data protection law, and had started to implement the required changes to ensure they met the required standards.

People were supported to be actively involved in making decisions regarding their care. For example, the registered manager gave an example where an independent mental capacity advocate (IMCA) had been used in a situation where a person did not have capacity to make decisions about their care needs. We also observed day-to-day examples where staff asked people about their preferred choices, such as the type of music people liked to listen to, or what activity they wanted to take part in.

## Is the service responsive?

### Our findings

People commented that staff provided the support they needed. They told us, "They're really good and supportive" and "Staff help me when I need it".

People each had personalised care plans in place which provided details about the support they required. For example one person experienced episodes of anxiety. The triggers for this were outlined in this person's care plan, along with the ways in which staff should respond to offer reassurance. This helped ensure staff knew what support people required.

Care records contained information about their personal preferences. For example their preferred foods, or favourite past times and hobbies. Staff had good knowledge of people's needs and preferences which showed that information in care records was being put to use.

Staff completed daily notes which outlined the support that had been provided to people throughout the day and night. These were thorough, detailed and comprehensive. Where people required other aspects of their daily needs monitoring, for example food and fluid intake, specific monitoring charts were being completed. This helped ensure that the correct level of support was being provided to people.

Activities were available to people using the service. Communal areas were accessible and well used by people at the service. We observed people sat chatting to one another, doing cross words or reading. One person told us, "When I first came here staff knew I was stuck inside myself. They really helped me socialise. I have friends now and I love it." During the inspection we heard people joining in a sing-a-long. The activities on offer helped protect people from the risk of social isolation.

There was a complaints process in place which was accessible to people. We reviewed the complaints that had been received by the service. A response had been given to concerns in a timely manner and appropriate action had been taken to follow up on the issue and address the concerns.

## Is the service well-led?

### Our findings

People commented positively on the registered manager and the area manager. We saw examples where people chatted in a familiar manner with them which showed that they had spent time mixing with people using the service. This enabled management to keep up-to-date on the running of the service. Staff also commented positively and described the registered manager as "supportive" and "very good."

Staff were aware of their roles and responsibilities and there was a clear management structure in place to offer support where required.

Quality monitoring systems were in place to ensure the quality of the service was being maintained. For example medication audits were carried out on a monthly basis and checks were completed daily. A process was in place to monitor accidents and incidents and an analysis of these had been carried out to ensure appropriate actions had been taken to keep people safe.

Health and safety meetings were held by the registered provider to discuss any potential issues within the service and any action that needed to be taken. For example at the last meeting a discussion took place regarding an issue raised by the fire service regarding the fire escape route, and a solution was identified. At the time of the inspection action had been taken to rectify this. This showed that the registered provider was proactive in making improvements.

Systems were in place to obtain feedback from people using the service. For example we observed people filling in a short survey on their meal time experience. People had also submitted feedback about the service following their stay. This enabled the registered provider to identify and address any issues that came to light.

Staff meetings were held on a regular basis, during which developments and updates were shared with the staff team. This gave staff the opportunity to ask questions and provide their own opinions on the running of the service.

The registered provider had notified the CQC of specific events that occurred within the service as required by law.

The registered provider had their most recent rating on display, as required by the CQC.