

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Rutland House Community Trust

Willowbrook, Willow Crescent, Oakham, LE15
6EH

Tel: 01572771001

Date of Inspection: 12 February 2014

Date of Publication: March
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Rutland House Community Trust
Registered Managers	Mrs. Janet Bolton Mrs. Marianne McKell Henley
Overview of the service	Willowbrook provides a service for a maximum of 10 people with a learning disability.
Type of services	Care home service without nursing Domiciliary care service Supported living service
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used the service. They told us they received the care and support they required and liked the staff. One person said "I love it here". We saw that people who used the service were relaxed and at ease when interacting with staff. Staff were extremely knowledgeable about people's individual needs. Staff were enthusiastic and motivated. They felt supported and told us they had received all the training they required.

People received a well balanced and nutritious diet. Staff knew about healthy eating and encouraged people to make healthy choices. Appropriate referrals were made to healthcare professional where risk was identified.

There were robust systems in place to assess and monitor the quality of service provision. This included seeking the views of people who used the service. Risk was assessed and managed appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with two people who used the service. They told us they liked the staff, they told us they could make choices about their day to day lives. We looked at care records for three people who used the service. We saw that where people did not have the capacity to consent the provider acted in accordance with legal requirements. This meant that people had their capacity to consent assessed. Where people did not have the capacity to make a decision the provider sought advice from appropriate authorities. For example the deprivation of liberty safeguarding team were consulted when a best interest decision was required.

We saw that people who used the service had their human rights respected. They were able to take risks and risk management plans were in place. For example staff followed behaviour management protocols that enabled the person who used the service to make their own decisions and remain as safe as possible.

We spoke with three members of staff about consent to care and treatment. They described how they obtained consent from people who used the service. Staff understood the communication needs of each person who used the service. Where people had difficulty verbally communicating, staff used non-verbal cues. They also told us that where people were indicating they did not want to receive care or support this would be respected. We saw examples in daily care records of people making their own decisions and of staff respecting this and upholding their wishes and preferences.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for three people who used the service. We saw that people had their needs assessed. Care and support plans were developed with the person who used the service. They were detailed and person focused. This meant that care and support was planned and delivered in a way that met the person's individual needs and preferences. Each person had a 'person centred plan' this was reviewed at least annually. The review process looked at what was working well and what was not. People were encouraged to acquire new skills and continue to learn and develop.

We saw that people had access to healthcare professionals such as GP's, community nurses and psychiatrists whenever this was required. Each person had a health action plan. The health action plan recorded people's specific health needs and the action staff needed to take to meet them. Emergency grab sheets were in place. This document was used when a person required hospital treatment. It contained important information about the person such as their communication needs and about the medicines they required.

We saw that people led busy and active lives. For example, some people attended day centres and colleges. People were able to pursue activities that they enjoyed and were meaningful to them.

We spoke with two people who used the service. They told us they liked the staff. One person said "I love it here". They also told us about the many activities they took part in. We observed staff interacting with people who used the service. We saw that staff were respectful and encouraged people to make choices.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's food and drink met their religious or cultural needs. We saw that people's dietary needs, likes and dislikes were recorded in care records. People had their risk of malnutrition assessed. Where risk was identified a care and risk management was in place. The provider may like to note that some people's malnutrition risk assessments had not been reviewed for some time.

People had their weight monitored where this was required. Staff made appropriate referrals to dieticians and GP's. The advice and guidance provided by health care professionals was incorporated into people's care and support plans.

People were provided with a choice of suitable and nutritious food and drink. We looked at menu records and saw that a choice of appropriate and nutritional meals was provided. Some people who used the service were involved in the planning and preparation of meals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with staff about how they supported people with nutritional needs. Staff had a good understanding of people's individual needs. They described how they encouraged people to make healthy choices.

We spoke with two people who used the service. They told us they liked the food provided. They confirmed they were able to make choices.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke with two staff members about the training and support they received. They told us they had received the training and support they required to do their jobs. They told us that access to training was very good. Staff received supervision from their line manager. They were able to discuss their performance, training and development needs during supervision sessions. Staff felt supported by the management team, they told us they were approachable and inclusive. Staff meetings were held monthly.

All staff received induction training that took account of recognised standards within the sector. This training was completed when staff first commenced working at the service. This meant that staff were made aware of the provider's policies and procedures and knew how to deliver care and support to the accepted standards.

There was an ongoing training programme for all staff. Staff had their mandatory training updated and refreshed at appropriate intervals. For example mandatory training such as safe moving and handling and training about safeguarding people from abuse was updated annually. The majority of staff had achieved or were working towards a nationally recognised qualification in care.

We spoke with two people who used the service. They told us they liked the staff. We observed staff communicating appropriately and professionally with people who used the service. Staff we spoke with had a good understanding of people's individual needs and about their role in the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Satisfaction questionnaires were given to people who used the service annually. The questionnaires were made available in a format that was accessible to the person who used the service. At the time of our visit the provider was in the process of analysing the results of a recent questionnaire and was producing a report of the findings. Questionnaires were also sent to the relatives of people who used the service and to staff.

The provider carried out monthly audits of the service. These audits included seeking the views of people who used the service. Action plans were developed and actioned appropriately.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Records were maintained of all accidents and incidents. The registered manager reviewed all accident and incident reports. Changes were made to reduce further risk.

Risk assessments were carried out for each person who used the service and for the environment. A number of staff had recently attended risk assessment training. There were ongoing systems in place to carry out routine health and safety checks and maintenance.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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