

Navigation Care Limited

Rushall Care Home

Inspection report

204 Lichfield Road
Rushall
Walsall
WS4 1SA
Tel: 01922635328
Website:

Date of inspection visit: 19th August 2015
Date of publication: 28/10/2015

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?

Requires improvement 

Overall summary

This unannounced inspection took place on 19 August 2015. Rushall Care Centre is a nursing home providing accommodation and personal care for up to 39 older people, some who may live with dementia. At the time of our inspection 30 people were living at the home. The home had a registered manager in post. 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.

People told us they felt safe from the risk of harm or abuse. Staff understood their responsibilities to report concerns or issues to protect people from the risk of harm or abuse. Risks to people had been assessed and appropriate equipment was available for staff to use. People were supported by sufficient numbers of staff however the registered manager said they would look at the deployment of staff during peak times of the day. Staff had the skills and knowledge they needed to meet people's individual need. People were supported with their medicines and staff had been trained so people received their medicines as prescribed.

Summary of findings

People were supported to make their own decisions about their care and support needs. Staff obtained consent from people before they provided care.

People we spoke with were happy with the food and said they had a choice of what they would like to eat and drink. People had access to healthcare professionals that provided treatment, advice and guidance to support their needs.

People told us staff were kind and caring in their approach. Staff understood people's choices and decisions when supporting them and respected their dignity and privacy when providing care.

People were supported in a range of activities to maintain their interest during the day. Relatives we spoke with said they were made to feel welcome when they visited the home.

People and their relatives told us they were aware of how and who to raise any complaints or concerns with. They were confident that they would be listened to and responded to appropriately. The provider had an effective process in place to respond to people's concerns or complaints.

People, relatives and health and social care professionals told us the registered manager and staff were knowledgeable and approachable. The provider had systems in place to monitor the quality of the service people received. However, we found information was not used to identify issues or trends that would improve the quality of care people received.

Summary of findings

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.

There were adequate numbers of staff however they were not always deployed effectively to meet people's needs in a timely manner. People told us they felt safe at the home. Staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people were assessed and managed appropriately. There were systems in place to ensure people received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People received their care from staff that were knowledgeable and had the skills to meet people's needs. People's rights and choices were protected. People were supported to have enough to eat and drink when and how they wanted it and staff had knowledge of people's nutritional needs. People had access to health and social care professionals as required to meet their care needs.

Good



Is the service caring?

The service was caring.

People told us staff were kind and caring and their views and preferences were respected by staff. People and their relatives were involved in making decisions about their care and people's dignity and privacy was respected.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in planning how they were supported and cared for. Staff were aware of people's individual needs and supported people appropriately. Staff supported people to make choices about their day to day activities. People and their relatives had the information they needed to raise concerns or complaints if they needed to.

Good



Is the service well-led?

The service was not consistently well-led.

People and their relatives were complimentary about the manager and new owner and said the home was well managed. There were systems in place to monitor the quality of the service provided. Improvements were needed to identify trends or patterns which would improve the quality of care people received. Staff understood their roles and responsibilities.

Requires improvement



Rushall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 August 2015. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who used this type of care service. Before the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. This included information about significant events received from the provider which they are required to send us by law. These are events that the provider is required to tell us about in respect of certain types of incidents that may

occur like serious injuries to people who live at the home. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

We spoke with five people who lived at the home and four relatives. We spoke with four members of staff which included the activities person and chef, the registered manager and two health and social care professionals. We looked at the care and medicine records for three people to see how their care and treatment was planned and delivered. We looked at other records related to the running of the service including three staff files; to check staff were trained and supported to deliver care to people living at the home, records relating to the management of the home, a selection of policies and procedures that related to the management of people's safety.

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

People told us they felt safe. One person said, "Its ok here I feel safe." A relative told us, "I am very confident that [person's name] is safe, I don't worry about that." The care and nursing staff we spoke with had an understanding of the different types of potential abuse and the signs they would look for that would indicate a person was at risk of harm or abuse. For example, bruising or a change in a person's behaviour. Staff told us they had received safeguarding training and they were clear about their responsibilities for reporting any concerns regarding abuse. Staff knew they could share information or ask for advice from us or the local authority if required. A member of staff said, "If I suspected anything I would tell the nurse in charge or the registered manager." We spoke with the registered manager who told us about the action they would take and the systems in place to protect people in the event of an allegation of harm or abuse. Safeguarding records confirmed where incidents had occurred regarding people's safety staff followed the provider's procedure and contacted the local authority to protect people from abuse.

One relative told us, "Staff involved us in developing the risk assessment for [person's name]" to ensure safe care was provided. Staff we spoke with knew how to manage risks associated with people's care needs. For example we saw one person had a high risk of skin tears. We saw staff offer the person a pressure relieving cushion to use while eating their meal in the dining room. We looked at their records and saw a risk assessment had been completed and information was updated to ensure staff continued to meet their needs. We looked at the ways in which staff worked with people to manage known risks that people may present to themselves. For example, we saw two members of staff using hoisting equipment to move a person. We looked at the risk assessment and saw that support was provided as directed.

Staff were aware of the process for reporting accidents, incidents and falls. We looked at records and saw one person had four falls within a one month period. We spoke with the registered manager about the action they had taken to reduce the risk of falls for this person. We were told that no assessments or referral to the falls team had been made. The registered manager said they would review the person needs and make a referral to the falls team.

There were mixed views from people, their relatives and staff concerning the staffing levels at the home and whether people's needs were being met in a timely manner. One person told us, "Staff keep coming in to check on me." Another person said, "The response time varies, some staff answer [call-bell] quickly, some not so." One relative told us, "I would say there are enough staff. There is always someone in the main room. Staff are very busy." One staff member told us, "I think there is enough staff but we are busy. We try and meet people's needs as quickly as possible." We discussed this with the registered manager who told us three new senior care staff had been appointed which would strengthen the daytime staffing routine to ensure people's needs were responded to quickly. The registered manager said they used a dependency tool to determine the staffing levels required to meet the needs of the people who lived at the home. We saw the number of staff working was in line with the provider's staffing rationale and that there was sufficient staff on duty to assist people with their care and support needs throughout the day. However the registered manager said they would look at the deployment of staff during peak times of the day to ensure people's needs were responded to appropriately.

Staff told us they had pre-employment checks completed before they started to work at the home. We looked at the recruitment processes and saw the provider had a process in place to make sure they recruited staff with the right skills and experience to support people who lived at the home. We looked at three staff files and saw references from previous employers and Disclosure and Barring Service (DBS) checks had been obtained before employment commenced. DBS help employers make safer recruitment decisions and prevents unsuitable people from being recruited.

One person told us, "I get my medication on time and can have painkillers when needed." One relative said, "There is no problem with [person's name] medicines. We are kept fully informed if they have other medicines prescribed." We saw people were supported to take their medicines when they were required. We saw staff administered medicines appropriately and remained with people to ensure they had taken their medicines safely. Staff that gave medicine told us they had received appropriate training. We saw medicines were audited regularly and no issues had been identified. Some people took their medicine 'when required', such as for pain relief. We saw guidance was

Is the service safe?

available for staff to follow. We looked at three medication administration records (MAR) charts and saw these had been completed accurately. We saw that all medicines received into the home were stored and disposed of safely.

Is the service effective?

Our findings

One person said, “Staff are skilled and knowledgeable about me.” A social care professional told us they felt staff knew about people’s social and physical needs and were appropriately trained. Staff we spoke with had a good understanding of people’s individual support and health needs. For example, one member of staff told us how they monitored a person’s behaviour to ensure they remained safe while walking around the home. Staff we spoke with told us they felt confident and appropriately trained to support people effectively with their needs. For example, staff told us how they supported people who were at the end of their life. They said they were supported by the registered manager to develop their skills to meet people’s care needs. Staff told us they received on-going training and supervisions to support them to do their job. Staff members we spoke with told us when they started in their roles they completed an induction to get to know the people who lived at the home and their individual care needs. One staff member said, “I am working with my supervisor so my skills can be assessed. I am also being trained in care planning and medication.” We looked at records and saw that staff received supervisions and that their training requirements were tracked and planned.

People we spoke with told us that staff sought their consent before offering care and support. One person told us, “Staff always ask me if they can attend to my care needs.” We observed staff gained agreement from people before supporting them with aspects of their care. For example, we observed staff explaining to a person how they were going to support them with their mobility. We saw that staff waited for the person to agree before they provided support. Staff told us some people had different ways to indicate their consent such as through their body language or gestures. One staff member told us, “If a person does not agree to help I would leave them for a while and try again later.”

We observed people were supported to make their own decisions and choices as far as possible. We saw where people did not have the capacity to consent to their care, mental capacity assessments had been completed and a decision to provide care in a person’s best interest had been completed in line with Mental Capacity Act 2005 (MCA) code of practice. The registered manager had an understanding of Deprivation of Liberty Safeguards (DoLS)

and knew the correct procedures to follow to ensure people’s rights were protected. We saw one person had an authorisation in place to deprive them of their liberty. We saw the person’s representatives had discussed and agreed a decision in the person’s best interest to ensure the person remained safe.

We saw lunch being provided and saw people were supported at mealtimes to make choices about their food and drink. One person told us, “I haven’t ordered any food. I don’t want a full meal I like sandwiches.” We saw staff offered the person sandwiches at lunchtime. We saw that the menu was displayed on several walls around the home in written and picture format for people to make their choice. Staff told us people’s nutritional and individual dietary needs were assessed and systems were in place to ensure these were adhered to. For example, details of people’s allergies and people who required special diets were displayed in the kitchen. We observed staff explain each meal and offer support when people required assistance. We saw that people’s views had been sought through a questionnaire about their likes and dislikes and their views were being used in meal planning. We saw that meals were appetising and well-balanced with different portion sizes offered for different people. One person said, “I have what I want to eat, with extra if I want it. I can have a hot drink when I want it day or night.” People told us they enjoyed the food provided and meal times were relaxed. We saw where people chose to have meals in their own rooms and those people who required assistance from staff received their meals and support in a timely manner. We observed staff offering encouragement and supporting people to eat their meal at a pace that was suitable to the person’s individual needs.

People told us they were seen by the doctor and other health care professionals when required. One person told us, “I can see the doctor and the chiropodist comes in. The optician came recently and I’ve new glasses.” Relatives we spoke with had no concerns about people’s health needs not being met or about how they were supported by the staff at the home. One relative told us, “Staff always contacts the doctor when needed and keep us informed of the outcome.” We looked at people’s health care records and saw that referrals to other healthcare professionals had been made promptly where concerns had been identified. We saw staff worked closely with other health

Is the service effective?

and social care professionals to ensure people's health needs were being met. For example, we were told by staff a doctor and district nurse visited the home each week to ensure people's health needs were met.

Is the service caring?

Our findings

People told us staff were kind and helpful. One relative said, “The staff are very caring.” Another relative told us, “The staff can’t do enough for you.” We saw staff communicated with people in a kind and compassionate manner. For example, we saw people being supported by staff from a wheelchair to a chair on a number of occasions. We saw staff provided re-assurance and spoke kindly to people throughout. We saw that people were relaxed with staff and responded well to the staff supporting them by talking or smiling.

People and their relatives told us that they were involved in the assessments and decisions about how they were supported and cared for. One person said, “All my care has been explained to me and staff respect my views.” One relative said, “We contributed to the development of [person’s name] care plan and we are involved in any reviews.” We saw people’s needs, choices and preferences were reflected in their care files and these had been reviewed to take into account how people care needs were met.

We saw that some people were unable to verbally express their views. We observed staff speaking to people at eye level, repeating or rephrasing questions to ensure people understood. We saw staff observed people’s facial expressions or gestures for their response and whether they were happy with their care. Staff told us if a person was not happy with the way care was being provided they would look at alternative ways to deliver care to meet a person’s needs. For example, if a person preferred to have a wash or bath rather than a shower. Staff respected people’s choices and were able to demonstrate they knew people’s individual needs, their likes and dislikes. One person told

us, “It’s my choice whether I have my food in my own room or in the dining room.” One relative told us, “[person’s name] chooses what time they get up, when and where they have their breakfast.”

We observed all people’s bedroom doors were left open when care was not being provided. We spoke to people to ask if they were able to choose whether they wanted their doors to remain open during the day. People we spoke with said they were happy for their doors to remain open but were unable to say whether they were offered a choice. We spoke to the registered manager about this and they said they were aware doors were open; and records were being updated to reflect people’s personal preferences in relation to this.

People told us staff respected their privacy and dignity. One person said, “Staff treat me respectfully.” One relative told us, “Staff speak to [person’s name] respectfully and when personal care is being provided they ensure their dignity is respected by closing the door.” Staff we spoke with explained the actions they took to protect the dignity and privacy of people. One member of staff said, “We close people’s doors when providing care, ask and encourage people to choose what clothes they want to wear and cover people’s legs during hoisting.” We saw people were dressed in their individual styles of clothes that reflected their age and gender. Staff were aware of the need to preserve people’s dignity by ensuring people’s clothes were comfortable and well maintained.

People and relatives we spoke with told us they could visit whenever they wished. One relative said, “We come to the home two or three times a week staff are always welcoming.” Another relative said, “We can visit anytime and staff are always available.” We observed staff were caring towards people’s visitor’s ensuring visitors had access to drinks during their visit to the home.

Is the service responsive?

Our findings

People told us they were happy with how their care and health needs were being met. One person told us, “Staff respond quickly if I need support.” Staff we spoke with were able to explain people’s individual health and care needs. For example, people who required pressure relief for fragile skin. Staff told us how they monitored people’s skin and the equipment they used to relieve pressure on the skin.

People and their relatives said they were happy with the information they received from staff and were kept informed of any concerns. One relative said, “I think they understand [person’s name] needs, they are very good.” We looked at the care records for three people and saw people’s needs had been assessed and care plans were in place to ensure people’s needs were appropriately supported. We saw records were being reviewed and updated to reflect people’s life histories, identifying interests and past professions. Health and social care professionals told us any guidance or advice they gave to staff was followed appropriately. Staff we spoke with told us they shared information about changes to people’s health or care needs during a daily handover. They said this ensured staff had up to date information about people’s current needs.

We asked people what interested them and what they liked to do during the day. One person said, “We have a regular singer here. There’s also an activity person. Last night I did some painting although I can’t see well. I painted what was in my mind I enjoyed it and will try it again.” The provider has recently employed an activity co-ordinator who told us

they were speaking to people to find out what activities they would like to do. We saw they sat with people and chatted and read them the news. We also saw them sitting with a person and look through a book of the local area. We observed the person chatting, laughing and reminiscing with the activity co-ordinator about events in the past. The hairdresser was at the home during our visit one person said, “I having my hair done later, I have it done every week.”

People and their relatives told us they felt confident to raise any concerns with the staff or registered manager. One person said, “If I got something to say I tell [the manager]. I see the manager regularly and tell them anything I feel needs addressing.” A relative we spoke with said they “Would speak to the staff or the manager if there were any concerns, any issues have always been dealt with.” Staff we spoke with were able to explain how they would deal with any concerns or complaints. They said they would inform the registered manager and felt confident concerns would be investigated. One staff member said, “I feel that complaints are managed.” We saw the home had a complaint procedure and information was displayed around the home where people could see it such as in the reception area. We looked at the concerns and complaints received and saw that these were investigated by the registered manager and responded to appropriately. We saw actions were taken to reduce the risk of re-occurrence where concerns had been raised. For example, we saw regular checks of people’s clothing and name labels to ensure people had the correct laundry returned.

Is the service well-led?

Our findings

We looked at information in relation to incidents, accidents, safeguarding and falls. We saw that adequate information was recorded but it was not analysed to identify any trends or patterns which could be used to improve the quality of care provided to people. We spoke with the registered manager about this and they told us they would review the information recorded and would look to develop a process to recognise trends. The registered manager acknowledged they still had more work to do in relation to embedding practices, procedures and communicating these changes effectively to people and staff within the home. We saw the provider had systems in place to monitor the quality of the service provision. We saw that the registered manager had identified a number of areas for improvement within the home which were being addressed such as personalised care plans and replacing the call system within the home. We saw they completed regular checks, for example of health and safety and infection control to monitor the home to ensure the safety and wellbeing of people living there.

People living at the home and their relatives told us they found the management team and staff approachable and welcoming. One person said, "The owner is great, he listens." People told us they knew who the registered manager was and they found them friendly. One person said, "The manager is helpful and always available to listen." We observed people and their relatives approached staff and the registered manager freely and we saw that they took time to listen and address any concerns. One staff member said, "The registered manager is approachable and always makes time to speak to people." Another staff member said, "She's a good listener."

The registered manager was knowledgeable about the needs of the people living at the home, the staff and what was expected of them as a registered manager and we saw they had submitted the correct notifications to us. They told us the home had recently had a new owner and explained the provider's vision, values and the

improvements being made to the home. The registered manager said they had received a lot of support from the new owner during the period of change. We were shown the improvement made to the garden area; people told us they enjoyed spending time relaxing in the garden. One person said, "The garden is beautiful, it has been renovated this summer." We discussed improvements planned for the premises and were told about the introduction of a café area for people living or visiting the home and the wider community in the future. The registered manager also told us about the changes made to the management structure of the home. They said they had appointed senior carers and were introducing a keyworker system into the home. A keyworker is a named member of staff who works with a person and acts as a link with their family.

We spoke with staff who told us they were aware of the changes taking place and said they felt they could discuss any concerns openly with the registered manager. Staff said they were aware of the changes in the management structure and understood their roles and responsibilities within the home. Staff we spoke with said they had no concerns about whistleblowing if there were issues where they thought they were not being appropriately addressed. Whistleblowing means raising a concern about wrong doing within an organisation. All the staff we spoke with told us they received one to one meetings with the manager and attended a number of staff meetings with the registered manager and new owner to keep them informed of changes within the home.

We asked the registered manager how they gathered feedback from people living at the home their relatives or visiting professionals. They explained resident and relatives meetings were held quarterly however, the registered manager told us they regularly sought individual feedback from people their families and visiting professionals on a weekly basis. Relatives we spoke with could not remember if they had received surveys or questionnaires from the provider but all said they were asked for their feedback at review meetings.