

## Mary Rush Care Homes (SW) Limited

# Mary Rush Care

### Inspection report

Room 34, Rheola House  
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20 February 2020  
21 February 2020

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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

Mary Rush Care provides personal care to people who live in a supported living household. At the time of the inspection three people were supported with their personal care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received care and support which was safe and focused on their needs and aspirations. Staff knew how to protect people from avoidable harm and abuse and where to report any concerns regarding people's safety and welfare. Safe systems were used to manage people's medicines and support them with their finances.

People and their relatives all complimented the staff and told us their approach was consistently caring and compassionate. People were supported to make their own decisions about their care. Their rights, views and independence were promoted and respected by staff.

Staff were experienced and skilled in their role. They made prompt referrals to healthcare services when people's needs changed and supported the person to monitor their health.

Staff practice complied with the principles of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to move into the service at their own pace. Their decisions and views were respected at all times.

People's care was tailored to the support requirements of each person. Detailed information and risk management plans were recorded and stored on an electronic care planning system. People were supported to continue with their interests and attend a variety of clubs and events in the local community.

The provider had a complaints policy in place which was available in an easy read format. The registered manager, provider and staff maintained good oversight of the service and completed regular checks and audits to monitor the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 March 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mary Rush Care

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 February 2020 and ended on 21 February 2020. We visited the office location on 21 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since registering CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for 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 told us they felt safe being supported by the service and had been supported to be aware of any dangers in the community and how to protect themselves. Relatives also confirmed this. One relative said, "I can't fault them. I can visit whenever I want to, and I have never seen anything that concerns me."
- Staff had said they had no safeguarding concerns. They had been trained in safeguarding and would use the whistleblowing policy should they need to. The registered manager was the safeguarding lead and was aware of their responsibilities to inform CQC and relevant agencies of any allegations of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person and for all aspects of their care and support such as mobility, emotional and nutritional risks. Clear risk management plans instructed staff of safe ways to support people and how to assist people in eliminating their risks. An electronic care planning system was used which enabled staff to manage, review and monitor in response to people's changing needs.
- Staff had a good understanding of people's needs which enabled them to recognise changes in their well-being and escalate concerns as needed. Relatives told us they were always kept fully informed of any concerns or changes in people's care needs.
- Positive behaviour support plans were in place for people who found it difficult to manage their emotions. The plans provided staff with clear guidelines of possible triggers and the approaches to use if people displayed behaviours which may challenge others or the service. Any incidents were recorded and reviewed to identify any trends in people's behaviours and appropriate referrals were made to specialist health care professionals when required.

Staffing and recruitment

- People were supported by a stable and consistent staff team. Staff and managers carried out extra shifts to cover staff absences. Relatives and staff confirmed that there were always enough staff on duty to support people with their needs.
- A system was in place to cover peoples allocated one to one and shared care funded hours.
- The service used safe recruitment practices. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check.
- People were encouraged to take part in the interviewing of potential new staff. Their feedback was considered as part of the recruitment process.

Using medicines safely

- People's medicines were managed safely and in line with their prescription. A medicines officer was

responsible for the arrangements of the ordering, collecting and disposal of medicines. Most people's medicines were stored in locked cabinets in their bedrooms. Staff responsible for the administration of medicines had been trained to do so.

- Medicine care plans and people's ability to self-administer their medicines were regularly reviewed. Protocols and guidance were in place which described how people preferred to take their medicines or when medicines were to be used on a 'as required' basis.
- Medicines Administration Records (MAR) had been completed accurately when people's medicines had been administered. These records were regularly audited to identify any medicines errors or concerns.

#### Preventing and controlling infection

- Staff supported people to maintain a clean and tidy home and to report any maintenance issues to their landlord. Relatives confirmed that high standards of cleanliness were maintained.
- Staff had received training in the control and prevention of infections and had access to supplies of personal protective equipment (PPE).

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager to identify trends and make changes to care being provided as required.
- Any changes made or any lessons learnt was shared through staff discussions and during shift handover meetings to enable staff to reflect on the incident and reinforce the actions to be taken to prevent reoccurrences.



# 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 for 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

- People had been involved in the decision to move into the service. Their needs had been assessed before they moved into the service in conjunction with their family and a representative funding authority. People were provided with opportunities to visit the service, meet their fellow housemates and look around the accommodation and understand their tenancy agreement.
- This information helped to inform the pace of the transition into the service and people's care plans. Care was delivered to people in line with current practices and guidance in supporting people to live in supported living settings.

Staff support: induction, training, skills and experience

- Staff told us they felt sufficiently trained and supported to carry out their role and meet the needs of the people they supported. They received training on subjects such as safeguarding, first aid and infection control. New staff completed an induction programme including training and shadowing experienced staff before they became part of the staff team.
- Staff had access to a supportive staff team and managers. Their personal development and care practices were discussed during supervision and observed by the registered manager. One staff member said, "I felt supported from the start. The training and support here is excellent" and another staff member said, "It's the best place I have worked for."

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

- People were supported to have a healthy diet and enough drinks. They had free access to the kitchen to help themselves to drinks and food.
- People had been encouraged and supported to lose weight. Informed and agreed restrictions on some snack type foods were in place for some people who wanted to maintain and continue with their weight loss.
- Staff supported people to plan and prepare their meals depending on their abilities. The registered manager explained that the weekly menus were discussed with people in advance. Staff understood people's dietary needs and preferences and ensured that these were met.

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

- People were supported by staff to have access to health care services when their needs had changed.
- Health action plans were in place to help monitor and document the outcomes of their health appointments and needs. Relatives told us staff kept them informed of any health care recommendations.

- Staff told us they had formed good networks with health care professionals and the pharmacy. People received an annual health check including a review of their medicines in line with best practice when supporting people with a learning disability.

#### 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 Act 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that some people being supported by the service had been assessed as not having the mental capacity to make specific decisions about their care needs and the management of their tenancy.
- The service had consulted with the person, their relatives and professionals where appropriate when best interest decisions were being made about the person such as medical procedures.
- Staff showed a good understanding of the principles of the MCA which was evident in their care practices, such as encouraging people to make their own decisions.
- The registered manager had been responsive to our concerns about people's consent to their photograph being used and had amended the form to reflect all possible medical and social requirements.

# 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 for 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

- Staff demonstrated kindness and compassion for the people who used the service. We observed friendly and genuine interactions between staff and people. One person said, "I am very happy to be here."

Photographs of people and their families were displayed around the home.

- Relatives praised the kindness of staff. One relative said, "They are brilliant. Out of 1000, I would give them 1020. They are excellent."

- Staff demonstrated an interest in the person's wellbeing and were able to explain people's achievements while being supported by Mary Rush Care. One person explained how they had built up their confidence to leave their home and visit the local area with support of staff.

- People with the protected characteristics as defined by the Equality Act 2010 were supported without judgement and discrimination.

- Staff and some people shared interests and knowledge of the local community. One person told us this 'link' helped them to form trust and a bond with staff.

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

- People were supported to express their views about their daily lives and how their shared accommodation was run.

- Staff respected the pace that people wished to be supported. It was clear that people had overcome their fears as a result of previous care experiences and had started to build a trusting and friendly relationship with staff.

- People's care records reflected their wishes and there was evidence that staff supported people according to their preferences.

- Staff supported people to access advocates when required. Advocates are independent professionals who support people to understand and promote their rights and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's human rights and encouraged them to reach their potential. For example, people were encouraged to become increasingly more independent in personal care and domestic chores.

- People's personal privacy and space was respected by staff. Staff consistently spoke to people with respect and kindness. They were aware of treating people as equals and respecting their dignity and diverse support needs.

# 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 for 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 received care and support which was tailored to their individual needs.
- People received support or supervision with their personal care. Information about people's care was recorded on an electronic format which staff could access. For example, their personal hygiene preferences and oral care were recorded. Staff provided support according to people's needs and preferences.
- Information about people's emotional needs and mental well-being and how staff should support them were recorded.
- Staff were aware of the importance of people's backgrounds, interest and families and how these had affected their well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and known by staff. These reflected people's needs and were shared appropriately with others. For example, if someone was admitted into hospital.
- Staff understood people's communication needs and their support requirements. Staff were observed taking time explaining information to people in an easier format. The registered manager told us staff provided information in a way that would be easy for people to understand such as easy read formats, pictorial and word cards.

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 were supported to be part of the wider community by attending local clubs and events. Some people had moved to the service to be closer to their family and be part of the local community.
- Staff supported people to maintain their relationships with their family and friends. Relatives told us they were always welcomed at the home. One relative said, "It is lovely here, they are one big happy family."
- Staff respected people's individual interests and supported them to access activities within their local community. This ensured they were not socially isolated. For example, people enjoyed shopping, visiting the local pub, attending various social clubs or playing pool. One person said, "The staff will support me if I want to go out." Another person who had an interest in watching sports was supported to research and arrange how the TV network could be improved to enable them to watch more sports events on the television.

- People had activity planners which included a range of activities and household tasks. One staff member had been made available to support people with one to one activities in the community. They understood the importance of supporting people to keep to their preferred routine of activities and weekly events. This helped to reduce people's frustration and anxieties.

#### Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint and were confident that any day to day concerns were acted on.
- An easy read complaints policy was available to people which reflected the provider's policy on how complaints should be managed.
- Staff had supported one person to make a complaint which was responded to by the registered manager in line with their policy.

#### End of life care and support

- At the time of inspection, the service was not supporting anyone who required end of life care.
- The registered manager explained they would consider people's individual needs and seek advice to ensure people received appropriate care in the most suitable place if people required end of life support.

# 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 for 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

- The culture of the service was inclusive and progressive which had resulted in positive outcomes for people such as building up their confidence and levels of independence. The registered manager and staff approach were person centred which focused on people's individual needs and aspirations.
- The registered manager and seniors led by example and regularly visited the service and provided both people, their relatives and staff with support.
- People were supported to maintain their tenancy and live in shared accommodation which was safe and accommodated their needs.

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; Continuous learning and improving care

- The registered manager demonstrated a good understanding of their responsibility to act on any duty of candour. They investigated any concerns or incidents and took actions such as referring people to health care services to help prevent further incidents.
- Records showed there was a multi-disciplinary approach when incidents had occurred or changes in people's needs. Examples of how staff had worked alongside health care professionals to deliver good outcomes for people and drive improvement were provided.

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

- The registered manager and senior staff were aware of their roles and responsibilities within the service such as notifying CQC or other agencies of any relevant incidents.
- Staff were all clear about the expectations of their role and to raise any concerns to senior staff to ensure quality of care was maintained.
- Staff felt supported and had regular supervision with their line manager to reflect on their practices and training needs. One staff member said, "We are a strong team. We can rely on each other." They all praised the registered manager and said the representatives of the provider were all approachable.
- The registered manager was knowledgeable about the requirements of their role including their regulatory responsibilities. There was evidence that the registered manager monitored the quality of service through regular comprehensive audits and from feedback from people, their relatives, health care professionals and staff. They used their findings and feedback to monitor and continually improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported by staff to be involved in decisions about their care, desired aims and be part of any decisions about their shared living arrangements.
- We observed a consistent approach in staff engaging with people and seeking their feedback. They demonstrated an inclusive approach by considering people's requirements with respect to their religion, disability, needs and preferences.
- Staff involved people as well as their relatives, advocates and health care professionals in decisions about care planning.
- Quality survey results and feedback from people's relatives and health care professionals was positive and complimentary about staff and the care provided.
- Staff told us they felt listened to and had shared ideas with the registered manager to improve people's lives and links with community.