

Thackray Care Services Limited

Rushley House Retirement Home

Inspection report

327 Lancaster Road
Morecambe
Lancashire
LA4 6RH

Tel: 01524417405

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Rushley House Retirement Home is a residential care home for 13 people. The home is situated near Morecambe town centre, close to local shops and amenities. Private car parking is available. The home is a large detached house built over two floors. Communal space consists of a main lounge, dining room and a separate conservatory. There is a stair lift for access to the first floor. At the time of our inspection visit there were 11 people who lived at the home.

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

Infection control systems and audits ensured a clean environment to keep people safe. The registered manager had introduced some guidance and followed some recommendations in relation to Covid – 19. We have made a recommendation about how to work safe in care homes. We have made a recommendation the registered manager documents the risk of not following best practice.

Staff were recruited safely. People told us enough staff were available to meet their needs. Medicines were managed and administered safely. Safeguarding procedures were in place to protect people from the risk of abuse. Staff understood and were trained on how to recognise and respond to safeguarding concerns. 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 and relatives praised the food and confirmed healthcare services were contacted when required. Staff told us they were supported by management and they received ongoing training to fulfil their roles.

The management team were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health were met. They had worked to address areas of concern previously identified, engaged with people, relatives and stakeholders to promote a positive environment through positive communication and effective teamwork. The manager used a variety of methods to assess and monitor the quality of the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 26 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13,14 February and 01 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; Safe care and treatment, Good

governance, Fit and proper persons employed and Staffing. We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rushley House Retirement Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Rushley House Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One inspector carried out the inspection.

Service and service type

Rushley House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

Due to the COVID-19 pandemic we gave the service 24 hours' notice of the inspection. This helped minimise the time we spent on site and reduced face to face contact with people, staff and the management team.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. 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.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the provider, registered manager, and senior care worker. We observed care and interactions to help us understand the experience of people who could not talk with us. We spoke with one health care professional who visited the service while we were on site.

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

After the inspection –

We telephoned and spoke with two relatives and one staff member. 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the registered manager had failed to assess the risks to the health and safety of people and do all that was reasonably practicable to mitigate risks to ensure care and treatment was provided in a safe way. They had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were not assured the registered manager was using PPE effectively and safely. The registered manager had not followed all good practice guidance in relation to Covid-19. They did not instruct staff to wear face masks when within two metres of people living at Rushley House Retirement Home. No risk assessments related to staff not wearing masks and people's health and safety had been completed. The registered manager told us no-one had Covid-19 and no-one had symptoms related to Covid-19.
- The premises could not promote social distancing as the building was not purpose built to be used as a care home. Communal areas did not promote social distancing due to its size.
- The wooden and fabric arms on two chairs in the lounge were worn and stained. The registered manager was aware of the chairs condition. They stated people had requested to keep their chairs and for them not to be replaced.

We recommend the registered manager review their decision not to fully follow government guidance on the use of personal protective equipment (PPE) for care workers working in care homes during the current period of sustained COVID-19 transmission. We have signposted the registered manager to resources to develop their approach.

- While we were not assured the registered manager was making sure infection outbreaks can be effectively prevented, there had been no positive cases of Covid-19 recorded.
- The registered manager had limited visitors to the home. Relatives and friends had communicated using telephones and by having conversations standing on each side of a closed window. Hand sanitiser was available throughout the home and staff were observed regularly cleaning the environment.
- We were assured the registered manager was accessing testing for people and staff and all tests were negative.
- The registered manager documented information for staff about people's additional risks and how best to

support them. They kept these under review and updated. One relative told us, "To keep [family member] safe they moved from an upstairs bedroom to downstairs. They are a lot happier now."

- The equipment had been maintained to protect people from risks. Since the last inspection the boiler had been replaced and was secure behind a locked door.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans that reflected their needs. This ensured in case of a fire there was guidance on how to support people out of the building.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the registered manager seeks advice and guidance to ensure safeguarding reporting procedures are robust and in line with local reporting procedures. The registered manager had made improvements.

- Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety. Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the manager.
- People told us they felt safe. One person told us, "I do feel safe here. I have always felt safe living here." A second person commented, "I feel very safe living here." One relative said, "[Family member] is safe there, we feel she is safe."
- The registered manager knew how to report safeguarding concerns and was aware of current safeguarding policies and procedures.

Staffing and recruitment

At our last inspection the provider had failed to have systems to demonstrate safe staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager followed robust recruitment procedures. They had verified references before staff were employed. They ensured employment checks had been carried out before staff started their employment.
- The registered manager carried out checks to ensure they had a full employment history for all new recruits.
- There were enough staff on duty to meet people's needs. We observed staff supporting people in a timely and person-centred way.

Using medicines safely

At our last inspection we recommended the registered manager consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Since the last inspection the registered manager had introduced additional processes to manage medicine stock control. One person

said, "They [management] are very careful about medicines." A second person commented, "They are very keen on medicines. I know what I have, and I get them." One relative commented, "They have had the GP out a couple of times to check [family member] is on the right medicines."

Learning lessons when things go wrong

- The registered manager had acted on feedback and reviewed worked processes. They had worked with the local authority to review paperwork and introduced processes to give a greater oversight of the service delivered.
- The registered manager had systems to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise risk and keep people safe.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the registered manager failed to ensure sufficient qualified and suitably trained staff were deployed to meet the needs of the people who lived at the home at all times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were knowledgeable, and they told us they regularly updated their training. All staff had completed the care certificate since the last inspection. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of carers in the health and social care sectors. One staff member told us about completing a level two vocational award. They said, "[Registered manager] is helping me out, supporting me with that, and I have just recently reviewed a couple of training courses."
- Staff told us they did not have formal supervision meetings. They stated they felt supported as the registered manager worked alongside staff and they had daily handover meetings.

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

- People were supported to maintain a balance diet. One person told us, "The food is marvellous. I love it and I'm fussy. Drinks? I can get what I want when I want." A second person said, "I like a big breakfast, I get three sausages. We get what we ask for." One relative said, "Meals are home cooked. Proper food like meat and two veg."
- People's weights were monitored, and specialist support was sought when required to help people to remain healthy. One relative commented, "The food is good, and they are monitoring [family member's] weight. They are more independent now."

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

- The registered manager worked with health and social care professionals such as GPs, district nurses and therapists to meet people's needs. One relative said, "It's done [family member] good living here. They are getting more independent."
- We observed staff working alongside visiting community-based health professionals. This showed people were cared for in a way which meant the registered manager was managing health risks related to people

who were vulnerable. A visiting district nurse told us the service was very organised, allowing actions to take place quickly and smoothly.

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

- The registered manager recognised there were areas of the home that needed refurbishment. Due to restricting visitors to the home to keep people safe, ongoing work to improve the home had been suspended.
- Accommodation was accessible, safe, homely and suitable for people's needs. There were adequate spaces for people to spend time on their own or to share with others.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The management team took the required action to protect people's rights and ensure people received the care and support they needed. Staff supported people in making decisions and how to offer choice with day to day decisions and activities.
- We saw consent to care and treatment was routinely sought in people's best interest. One person told us, "I want to be cared for like I am, by people who look after me now. They don't force you to do anything." One relative said, "When [family member] moved in, we sat round the table and talked the whole thing [support needs] through."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the registered manager had failed to assess, monitor and mitigate the risks relating to the health and safety and welfare of people. They failed to maintain an accurate, complete and contemporaneous record in respect to each person who lived at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was aware of the risks related to Covid –19. They had taken some action to minimise the risk. They had ensured people; their relatives and staff were aware of actions taken to keep people safe. When good practice guidance and recommendations had not been followed, there was no documentary evidence to show these decisions had been risk assessed.

We recommend the registered manager seeks guidance and assesses and documents the risk of not following best practice guidance and this is reviewed in response to change.

- It was a small staff team, the registered manager and staff worked alongside each other to provide care and support. There was a daily handover meeting to update staff on people's needs and plan the daily support people required.

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

- People and relatives told us they were consulted on the care and support staff offered. One relative said, "[Registered manager] has rang and texted me when needed and I have their personal number should I need to contact them." We observed people making decisions on the support they received throughout our visit.
- Staff told us they could contribute to the way the home was run through daily contact with the management team.
- The registered manager worked with other organisations to ensure people's physical and emotional

needs were met. These included healthcare professionals such as GPs, district nurses, and mental health teams. They engaged with the local authority in collating information related to the pandemic.

- The registered manager had audits to monitor how the service delivered. Monthly paperwork reviews took place to ensure people's needs were met. One person commented, "They [staff] do a good job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback on the management team was positive. One person said, "They [management] love me to bits." A second person told us, "They [management and staff] are nice and that is the main thing. We get on fine, they are not bossy." One relative commented, "Staff are great especially [named staff member]. They are fantastic and understand [family member]."

- One person told us they felt protected as the management team had respected, promoted and acted on their views. They told us, "They [management team] are the best and kindest people I know." One relative said, "We can telephone anytime and talk with staff or [family member] anytime."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of their regulatory requirements.