

Rushcliffe Care Limited

Hayes Close

Inspection report

9 Hayes Close
Whitwick
Coalville
Leicestershire
LE67 5PJ

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 29 October 2018. The inspection was announced. We gave the registered manager 24 hours' notice of our inspection because the service is a small service where people and staff are often out and we wanted to be sure someone would be in.

Hayes Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates seven people. On the day of our inspection seven people were using the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 23 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall but there had been a deterioration in well led which was rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs had been assessed and planned for. Risk assessments were reviewed monthly to ensure they reflected people's most up to date circumstances. Staff followed the information in people's risk assessments which ensured that people consistently experienced care and support that was safe. People did not have any undue restrictions placed upon them and were encouraged to be as independent as possible.

There were sufficient suitably skilled and experienced staff to consistently meet people's needs. Safe staff recruitment procedures were in place and used to ensure that only staff who met the services high standards worked there. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence and protect people from harm.

People continued to receive an effective service. Staff received the training and support that was specific and relevant to people's individual needs. People were supported with their nutritional needs. The staff worked very well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the

service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They had a very good understanding of people's needs, preferences, and what was important to them. Staff used innovative and creative means of communication with people who had communication difficulties. They knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted and they were supported to make informed choices about their care and support.

People continued to receive a responsive service that was strongly focused on their unique individual needs. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were highly personalised. People were supported to pursue their interests and hobbies, and they participated in social activities at the home in Whitwick and neighbouring areas. There was a complaint procedure in an easy to read format that people could access if they wanted to make a complaint.

The service was rated 'requires improvement for 'well led' at this inspection. This was because several incidents that should have been notified to the Care Quality Commission (CQC) had not been notified. Action was taken immediately by the provider's audit, quality and compliance manager and the registered manager to ensure that in future all necessary notifications would be made to the CQC. There was an open and transparent and person-centred culture with strong leadership.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service has deteriorated to requires improvement because statutory notifications had not been made to the CQC.	Requires Improvement ●

Hayes Close

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 comprehensive inspection took place on 29 October 2018 and was announced. We gave the registered manager 24 hours' notice of the inspection because Hays Close is a small service where staff and people are often out and we wanted to be sure someone would be in.

The inspection team consisted of two inspectors. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with the registered manager, deputy manager, a care worker and the provider's audit, quality and compliance manager who was visiting the service. We spoke briefly with one person but other people were unable to speak with us due to their communication difficulties. We observed how staff interacted with and supported people.

We looked at the care records of three people who used the service. We looked at how medicines were managed, staff training records, a staff file to check how recruitment procedures were used and a range of records relating to the running of the service. These included management audits and incident reports.

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to these aspects of care and support which including identifying signs that a person was close to displaying behaviour that challenged others. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Detailed risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, staff were able to make interventions that relieved a person's anxiety and prevented behaviour that posed a risk of harm to them and others.

The registered manager had acted in anticipation of future risks. For example, after a person's limited mobility was identified to be deteriorating further, specialist lifting equipment was installed so that it was ready for use when existing equipment would no longer ensure the person's comfort and safety.

People were supported by sufficient numbers of highly experienced staff who had the right skills. Between them, six staff had over 100 years' experience of the service and people living at Hayes Close. We saw that staff were always available and they responded to people's requests very quickly. Staff were well organised and communicated effectively with each other. Staff communicated exceptionally well with people who had communication difficulties. This was an important factor in supporting the people to be safe and comfortable. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about why people were prescribed their medicines. Audits were carried out monthly to check that medicines were being given as prescribed.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. This had resulted in the number of incidents at the service reducing over the course of 2018. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan in easy to read formats they could understand. The environment was clean and tidy and staff followed best practice to prevent the spread of infection. Staff followed good food hygiene practices which was recognised by a 5-star food hygiene rating from the local authority.

Is the service effective?

Our findings

Staff had received training that was specific to the needs of the people who used the service. This meant staff had an in-depth knowledge of people and how they wanted to be supported. The registered manager told us that the quality of training was something they were proud of. Staff also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. A staff member who came to the service for job experience before beginning a career elsewhere was so impressed by the training that they had decided to make their career at Hayes Close.

People were supported to eat and drink enough and maintain a balanced diet. People evidently looked forward to their meals. People chose to sit closer to the kitchen to enjoy the sensory pleasure of the aromas of cooking. This appealed to people with sight impairment and we heard people say how much they looked forward to their meals. No people had dietary requirements that needed monitoring. The choice of food was varied, and there was fresh fruit available throughout the day for people to eat as they wished.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell. They had supported people to communicate with signs and communication cards about how they felt and they requested healthcare support when this was needed.

The premises and environment met the needs of people who used the service. Communal areas were decorated with people's art work. Communal areas included quiet areas with sensory lighting. The garden provided a relaxing sensory area with a large variety of scented shrubs and was being further developed in time for next spring. There were plans to convert an integral garage into a sensory room after people had told staff how much they enjoyed a sensory room at a nearby service run by the provider.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

Treating people with kindness and compassion was central to everything staff did at Hayes Close. Staff and people using the service had developed caring relationships over many years. People used signs to indicate to us that staff were kind, for example 'thumbs up' and touching their heart.

The registered manager and staff knew about the people and things that were important to them. They knew about people's preferences and how to get the best out of people because they communicated so well with them at a one-to-one level. For example, people and staff used a form of sign language to communicate with each other. Staff used sounds and touch as part of their communication with a person with a sight impairment.

Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress and what they could do to draw people's attention to something that was soothing. The staff team had shown their kindness and compassion when they were pall bearers at former service user's funeral service where they also performed the readings. This was gratefully acknowledged by the person's family.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. People were given information in accessible formats. For example, staff used 'information boards' to provide information about activities. Information about the complaints procedure was in an easy to read format, so was the survey the provider used to get people's feedback about their experience of the service. People were supported to express their views and choices using communication boards.

Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. For example, we saw and heard a staff member take time to talk to a person about the difference between an orange and a pumpkin and why pumpkins were associated with Halloween.

People had their privacy, dignity and independence promoted. They were not interrupted when they went to quiet areas or to their rooms. People spent their time where they wanted to. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and always addressed people in a kind and caring way.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as far as they could. Their preferences about the way they wanted to receive care and support were carefully recorded. People's care plans were detailed and provided staff and any visiting professionals that looked at them with a 'living portrait' of them. This supported staff to be very knowledgeable about people's needs which was evident when we spoke with staff. The registered manager and the provider's compliance manager told us that they planned to transfer care plans into an electronic format that would make them accessible to staff and people via handheld devices.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and which celebrated diversity. For example, people were supported to attend the Golden Mile area in Leicester when Diwali lights were switched on. A person was supported to attend their chosen place of worship. Another was supported with their interest in trains. People were involved in planning social events. For example, at a party to celebrate the royal wedding earlier in 2018, people designed and help make cakes and decorations. People had made decorations for a Halloween party on 31 October and were going to be involved in the celebration of the 25th anniversary of Hayes Close.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure was available in an 'easy read format'. Care plan information was available in a picture format. There were photographs of staff to help people understand and identify people. Throughout our visit we saw and heard staff use a variety of communication techniques and devices to engage with people who clearly enjoyed the experience.

The provider had a complaints procedure which was accessible to people and relatives. No complaints had been received but they knew how to support people in the event of a complaint being made. This included helping people to access independent advocacy services that could support them.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes about funeral arrangements and staff had excelled at respecting those.

Is the service well-led?

Our findings

There was a registered manager. 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. The registered manager understood their responsibilities but had misinterpreted a regulation about notifying the CQC about certain types of incidents that affected people who used the service. They had informed the local authority of the incidents and had taken all necessary action to safeguard people but had not notified the CQC of the incidents. We discussed this with the registered manager, deputy manager and the provider's audit, quality and compliance manager who acknowledged that notifications that should have been made had not been made. They immediately acted to ensure that all staff were made aware of incidents that had to be notified to the CQC. Plans were put in place by the provider's audit, quality and compliance manager and registered manager to ensure notifications were made. We have rated this key question as 'requires improvement' because we need to see that the actions taken are embedded over a longer period.

The registered manager and deputy manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. Audits included ensuring that the premises were safe. The provider's compliance manager carried out audits to ensure the registered manager's and deputy manager's checks were effective. They reported the results of their audits to the provider's governance committee. This showed there were good governance arrangements. There was a business continuity plan for ensuring that people's needs would continue to be met in the event of emergencies such as fire or flooding.

There was a clear vision and culture that was shared by managers and staff. The staff were highly motivated. They told us they were proud to work at the service. Their efforts were recognised through 'employee of the month' awards and by supporting them to develop their careers. Their ideas and suggestions were encouraged and acted upon, for example many activities and communication techniques had developed from staff suggestions.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.