

Mentaur Limited

Rushwell House

Inspection report

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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

Rushwell House is a care home that can provide care for up to eight people with a learning disability, including, mental health condition, physical disability and sensory Impairment. At the time of the inspection there were 7 people using the service.

At the last inspection on the 25 June 2015 the service was rated Good. At this inspection we found that the service remained Good.

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. A new manager had been appointed since the last inspection and was in the process of registering with the Care Quality Commission (CQC).

People received safe care. Robust staff recruitment procedures were followed. The staffing levels met people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

People received effective care. Staff had received appropriate training and support to keep their knowledge and skills up to date. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives according to their capabilities. The care people received was very individualised. People were treated with kindness, compassion, dignity and empowered to be involved in making decisions and taking control of their lives. The staff respected people's diversity, and knew the people who used the service extremely well.

People and relatives, where appropriate, were involved in the planning of their care and support. The personalised care plans facilitated the staff to provide consistent support in line with people's preferences. People knew how to raise a concern or make a complaint and effective systems were in place to manage complaints.

People benefitted from using a service that had a positive, person centred ethos and an open culture. People, their relatives and staff had confidence in the manager's ability to provide consistent high quality

managerial oversight and leadership. Established quality monitoring systems were used to drive continuous improvement.

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 remains Good.	Good ●

Rushwell House

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 checked 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 inspection took place on 8 and 12 June 2017 and was announced. We provided 24 hours' notice of the inspection because it is a small learning disability service, and the manager and the staff team are often out of the office supporting people using the service. The inspection was undertaken by one inspector.

We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks them to give some key information about the service, such as what the service does well and improvements they plan to make. The provider completed the PIR, which was returned on the 11 May 2017. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC).

During the inspection we met with six people using the service. Some people had complex learning disabilities that affected their ability to communicate verbally with us, the staff supported people to express their views about the service to us.

We spoke with the manager, the company quality and compliance manager, three care staff and three relatives of people using the service. We reviewed the support plans, risk assessments and other associated care records for three people using the service. We reviewed three staff recruitment files, the staff training plan and supervision records and other records in relation to the continuous internal quality monitoring of the service.



Our findings

People told us they felt safe using the service. One person said, "I feel very safe, I am very, very happy here." Other people replied with smiles and nods. Relatives told us they were very pleased with the service and believed the staff kept their loved ones safe. One relative said, "I have never felt worried about [Name of persons] safety, they absolutely love it at Rushwell House." The staff completed regular safeguarding training and were aware of the reporting and whistleblowing procedures, should they had cause for concern about people's safety or welfare.

The staff recruitment procedures made sure staff were suitable for their role. People were also involved in choosing staff to work at the service; they gave their feedback at interview as to whether they felt the candidate was suitable to work at the service. Their feedback completed the interview process. One person said, "I have been involved with interviews, they (the provider) do listen to us, if we are not happy, they don't take them on." There was sufficient staff available to meet the needs of people using the service. We saw staff spent time socialising with people and the atmosphere was very welcoming and relaxed.

The risk management systems identified and responded to areas of individual risk, whilst promoting people's rights to independence and to take risks. People and their representatives had been involved in decisions about how specific risks were to be managed. Consideration had been given as to how people were to be supported to take positive risks to lead fulfilling lifestyles. The risk assessments within people's care plans were reviewed on a regular basis and updated as and when needs changed.

People's medicines were managed safely. The staff were knowledgeable about the way in which people preferred their medicines to be administered. Records confirmed that staff were provided with medicines administration training and their competencies to administer medicines were regularly assessed.



Our findings

People received care and support from staff had the necessary skills and knowledge to carry out their roles. One relative said, "The staff are very good, they know how to communicate with [Name of person] and they respond to the staff very well." Another relative said, "The staff are fantastic, they are so dedicated, always very calm and relaxed." We observed interactions during the inspection that demonstrated they knew and understood the people they provided care for extremely well.

The staff confirmed the training and support they received was good and that they enjoyed their work. One member of staff said, "We have lots of training, I am booked to do my NVQ (National Vocational Qualification) level three." Another member of staff said, "[Name of manager] is very supportive, we have not had any major changes since the last manager left. [Name of manager] has kept the care people receive consistent, she has an open door, we can approach her at any time."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and all staff had received training on positive behaviour support and decisions made were always in the best interests' of the person.

People were supported to eat a healthy diet and were provided with guidance on how to do this. The staff took into account people's different levels of capabilities. They supported people to choose what foods they wanted, using easy read formats where appropriate, to plan weekly menu's to assist with shopping for groceries. Detailed guidance was available within the support plans for people with food allergies, other dietary needs or swallowing difficulties. The staff were very knowledgeable of the different levels of support people needed to eat and drink and accommodated their needs. They worked closely with healthcare professionals and guidance and advice from the healthcare professionals was incorporated in people's support plans.



Our findings

The service had a strong person-centred culture. People had developed positive relationships with staff and were treated with kindness and compassion. One relative said, "The staff are very kind to me, they are like friends." The staff were able to tell us in detail about the nature of each person using the service and the activities they enjoyed. They were able to describe how they supported people when they may be upset or anxious. One relative said, "The staff know [Name of person] so well, the staff show genuine love for [Name of person]."

People or their representatives were involved in planning their care and support. The care and support was provided for individuals by a dedicated staff team and this fostered trusting relationships between people using the service, relatives and staff. Regular care plan review meetings took place to reflect on the care people received to ensure any changing needs were being met.

The staff were highly motivated and inspired to offer care that was kind and compassionate. One member of staff said, "I really do love my job, it is so rewarding, the staff work well as a team to give people the best chance to live their lives to the full."

Information was available on how to access advocacy services should they need to. The staff were very aware of treating people with dignity and respect at all times. They also understood the importance of maintaining confidentiality. This was reflected in the discussions we had with staff and the observations made during the inspection.



Our findings

People met with the other people using the service and staff and had several visits before a decision was made to move into the home. Comprehensive assessments were completed to decide if the service could meet people's needs and whether they would be happy to live there. The assessment included understanding people's backgrounds, histories and what was important to them, their views, preferences and aspirations. People and their representatives were fully involved in the care planning process and all decisions made.

People and staff were matched with a named support worker (keyworker). People were involved in choosing staff with common interests to be their keyworker. Particular focus was on how the service could support people to continue and develop their hobbies and interests and plan goals for the future. People's care plans were regularly reviewed and amended with people, as and when their needs changed.

People told us how the service had changed their lives for the better. One person said, "I was very unhappy where I used to live, but I absolutely love it here, I have lots of freedom and have made lots of friends." One relative said, "I really can't find any fault, I can't think of anything they (the service) could improve on. The staff are so experienced in how they care for people. [Name of person] has an excellent quality of life, they love living here." Another relative said, [Name of person] was really in a 'bad place' before they came to live here, they are now like a different person, their confidence has grown and grown, it's all down to the love that the staff show towards them."

People were supported to live enriched and fulfilling lifestyles, achieve ambitions and maintain friendships and relationships. The staff fully respected people's rights to live a private life and maintain relationships with partners and friends. Private space was available for people to spend time together and live independently.

People's goals had been incorporated into their individual care plans, such as pursuing education, employment, or life skills. One person said, "I have completed fire and first aid training and have lots of certificates." They told us they had also worked as a domestic in a local hospital and in a care home. They said, "I love keeping my room clean and tidy."

The service ensured that people were empowered to make their own decisions. For example, one person who had been adopted told their keyworker they would like to trace their birth mother and regain contact. The person took the lead in making the necessary phone calls, and successfully found their birth mother

who was living in a care home. They now see each other every week.

The thoughts and views of people were regularly sought during group and one to one meetings. The staff facilitated the meetings, which gave people the opportunity to discuss things as a group or in private. People told us they had no complaints about the service and they felt supported to raise any concerns. One person said, "If I was unhappy about anything, I would tell [Name of manager] or any of the staff. I know they would listen to me and things would get sorted." We reviewed the provider's complaint systems that were made available in easy read formats and used as a way of touching base with people as to whether they were happy or had any concerns during quality reviews.



Our findings

A new manager had been appointed at the service and they were in the process of registering with the Care Quality Commission. They had worked at the service for several years as a support worker and knew the people using the service very well. They led by example, promoting the vision and values of the service and made sure people were at the heart of the service. The relatives and staff were very positive about the care provided at the service. Relatives said they would recommend the service to others, one relative said, "[Name of manager] is extremely approachable, all the staff are, this is a wonderful home." We observed the manager interact with people and staff and it was evident that positive relationships were made.

The staff all told us they felt very well supported by the manager. One member of staff said, "This is a fantastic company to work for, they genuinely care about people and value the staff."

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The positive feedback, we received indicated that the staff felt proud to work for the service to ensure people were able to lead enriched and fulfilled lives.

They were motivated to work to high standards and build upon their skills and knowledge through on-going training. They were clear about their roles and responsibilities.

The staff were encouraged to be a part of the service and contribute to its development. We saw that staff were asked for their feedback through team meetings and surveys and this was acted on. The oversight and governance of the service was to a high standard. Monthly audits of the service were carried out by the manager, and the quality manager to continually drive improvement.