Midland Health Care Limited

Rushey Mead Manor Care and Nursing Home

Inspection report

30 Coatbridge Avenue
Leicester, LE4 7ZS
Tel: 0116 2666606
Website: www.example.com

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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

Overall summary

This inspection took place on 7 October 2014 and was unannounced.

Rushey Mead Manor provides nursing and residential care for up to 40 older people, some of whom are living with dementia and physical disabilities. The home caters for people from a range of cultural backgrounds. It was purpose built with accommodation on two floors and a passenger lift for access. The home has a range of lounges, a dining room, and gardens.

When we inspected there were 34 people living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

People were safe at the home and staff knew what to do if they had any concerns about their welfare. Records showed staff had thought about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act 2005.

There were enough staff on duty to meet people's needs and to spend time socialising with them. Staff had the skills and knowledge they needed to provide effective care. Medication was kept and administered safely and in the way people wanted it.

Most people said they were happy with the food which met their dietary preferences and needs. Dieticians were involved if people needed extra help with nutrition and hydration.

People were satisfied with the care and support the home provided. They had access to a wide range of health and social care professionals. Records showed the home took prompt action if there were concerns about the health of any of the people who used the service. If people needed extra support to meet their health care needs this was provided.

The staff were caring and we saw many examples of them working with people in a kind and sensitive way. They listened attentively to what people were asking for or wishing to do and helped them accordingly. The staff team was multicultural, as were the people who used the service, and if particular language skills were needed certain staff members were able to provide these.

People told us they were listened to when they raised concerns or complaints. The registered manager told us the she had an 'open door policy' and the people who used the service, relatives, and others were welcome to approach her at any time if they had concerns. She also walked round the home several times a day to chat with people and give them the opportunity to raise concerns with her directly.

The registered manager was helpful and approachable and knew the people who used the service and their relatives well. She listened and acted when people made suggestions about improving the service. The quality of the service was monitored and the people who used the service, relatives, and staff were central to that process.

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.

People told us they felt safe at the home and trusted the staff. There were enough staff on duty to meet people's needs.

There were effective systems in place to manage risks to people.

Medication was safely managed and administered in the way people wanted it.

Good

Is the service effective?
The service was effective.

Staff were trained to meet people's needs and a good understanding of their preferences.

People chose what they ate and staff assisted those who needed help with their meals. People's nutritional needs were met.

People's health care needs were also met and they had access to a wide range of health and social care professionals.

Good

Is the service caring?
The service was caring.

People told us that they got on well with the staff who they said were kind, friendly, and interested in them as people.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

Staff welcomed and catered for people from a range of cultural backgrounds and supported them to take part in activities.

People told us they were listened to when they raised concerns or complaints.

Good

Is the service well-led?
The service was well-led.

People told us staff listened to them and acted on their ideas and suggestions.

People told us that the registered manager was approachable and supportive. They and staff told us they would go to her if they had a problem.

The provider used audits to check people were getting good care and to make sure records were in place to demonstrate this.

Good

Rushey Mead Manor Care and Nursing 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 inspection was unannounced and carried out by two inspectors on 7 October 2014. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the home's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the home. We spoke with nine people living there, six relatives, six care and nursing staff, a visiting professional, and the registered manager. We spoke with people in English, Gujarati, and other community languages. 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. We also spoke with staff from the local authority to get their views on the service provided.

We observed care and support in communal areas, spoke to people in private, and looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

All the people we spoke with said the home was safe. One person told us, "I'm safe here – no worries." Another person said, "I do feel safe here because I trust the staff and the manager to look after me." Relatives also told us they thought the home was safe.

We looked at how the staff protected people and kept them safe. The provider's safeguarding (protecting people from abuse) and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff said they had read and understood both these policies. They also told us they were trained in safeguarding and understood the signs of abuse and how to report any concerns they might have. The registered manager told us safeguarding was discussed at all staff meetings so the people who worked at the home had the opportunity to express any concerns they might have about people's safety.

Records showed that when a safeguarding incident occurred the registered manager took appropriate and swift action. Referrals were made to the local authority, ourselves, and other relevant agencies. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

People's care records included appropriate risk assessments. These were reviewed regularly and covered areas of activity both inside the home and out in the wider community. The advice and guidance in risk assessments was being followed. For example, when people needed one to one assistance at certain times of the day, or particular equipment to keep them safe, this was being provided.

We looked at records in relation to a recent unwitnessed fall to see how this had been managed. The fall had been reported to us as a matter of concern by another agency. We saw the person had been assessed as being at a high risk of falls due to underlying health problems and their wish to move about the home independently. After the incident their falls risk assessment was reviewed and updated, and they were referred to their GP for a medication review. This showed the registered manager took appropriate action to reduce risk for this person and involved other professionals where appropriate.

During our visit there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. The rota showed the staffing levels on the day we inspected were consistent with the home's usual staffing levels. A staff member said, "We are OK for staff here and people get the attention they need." We observed this to be the case.

People's plans of care and risk assessments stated whether they needed one or more members of staff to assist them with various tasks and these were being followed. Daily records confirmed this. The registered manager told us staffing levels were monitored to ensure they were suitable and safe and staff used a dependency tool to do this.

Medication was kept securely and only administered by people trained and assessed as being able to do this safely. We looked at medication records for three of the people who used the service and checked them against medication stocks. Records showed that medication had been given on time and staff had signed to confirm this. They contained instructions on how people liked to take their medication, for example with a particular drink. This demonstrated that people's individual preferences with regard to their medication had been taken into account.

The registered manager told us she had put a new 'protocol' (set of rules) in place for 'PRN' (as required) medication. The registered manager said the new protocol meant staff recorded both when and why 'PRN' medication was given. So, for example, if a person who used the service said they were in pain staff would record this and the medication given in response. Staff used 'pain level charts' to help gauge how much pain a person was in. These took into account how people showed they were in pain, either verbally or though their body language. This system was in place to help ensure medication was never given out without good reason.

Records showed that medication was audited monthly and the results shared with the relevant staff so they could learn from any issues identified. The provider also had an annual audit from its contract pharmacist who also provided advice and information to staff on request. This helped to ensure the registered manager had an overview on how medication was being managed in the home and could make improvements as necessary.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care and support the staff provided. One person said, "They [staff] are good here and they do help me." Another person commented, "We are well-looked after and the staff know how to care for us properly."

A visiting professional said the home was welcoming, clean, and homely, and the staff friendly. A staff member told us, "I would definitely put a relative in here because it's multicultural, there is a good choice of food, and the home is clean."

Records showed staff had a comprehensive induction and ongoing training. They took courses in general care and health and safety, and those specific to the service, for example dementia care. These were recorded on the provider's training schedule and updated as necessary. The staff we spoke with told us that they had attended all the training required by the home including safeguarding, manual handling, food safety, and health and safety. This training helped to ensure staff had the skills and knowledge they needed to care for people appropriately and we observed this in practice.

Staff understood people's care needs and also knew about them as individuals and their specific likes, dislikes, hobbies and interests. We observed some good interactions between staff and the people who used the service. One staff member spent time talking to one person about their family. They knew the names of their family members and about a celebration that was happening within the family. The person in question seemed pleased that the care worker was interested in their personal life. They told us, "The staff are like my family too."

We talked with the registered manager and staff about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and what they meant in practice for the home. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people's ability to make decisions.

The provider used a 'capacity and decision making tool' to help determine whether or not people were able to make decisions about their care and other aspects of their lives. If there appeared to be any restrictions on a person they were referred to the local DoLS team for authorisation. At the time of our inspection three people were subject to DoLS authorisations and the conditions of these were being followed. This helped to ensure people's liberty was not restricted unnecessarily.

We observed lunch being served. People ate at their own pace and were offered drinks and re-fills. Staff conversed with people while they ate and people told us that this made the lunchtime experience sociable. Some relatives visited at lunch time and were involved in helping to support their family members. People chose where they sat and those who wanted to could have their meals in their rooms or in one of the lounges if they preferred.

Staff were aware of each person's individual dietary needs. If people required a soft diet their food was pureed and presented in an appetising manner. Others had their food cut as a matter of preference and were assisted with their meal in an unhurried manner.

The menu on the wall was hard to see from parts of the dining room and some people might have difficulty understanding it due to their mental health needs. We discussed this with the registered manager who said she would look at more useful ways of presenting the menu.

People told us they were mostly happy with the food. One person said, "They feed us well and try to cook the things we like." Another person commented, "They [the staff] make beautiful coffee for us." One person told us they would like more variety of puddings. They said, "We've had trifle for five days running – I'm fed up with it.' We checked the menu records and found that for four of the last five days trifle had been the main pudding. We discussed this with the registered manager and chef who agreed that this shouldn't have happened and they would make sure that in future different puddings were available. They also said that alternative puddings were always available and they would remind people of this.

The dining room was spacious and provided a relaxed mealtime environment. It was also used as a 'café' outside of mealtimes. We observed people sitting at tables individually or in groups socialising and drinking tea and soft drinks. This appeared to be a popular place for people to meet.

Records showed that meals were freshly prepared each day and there was usually a choice of menu items including

Good

Is the service effective?

both Asian and English food. People's nutritional needs were risk assessed and reviewed monthly. If there were any concerns about people's food or fluid intake they were referred to their GPs, SALT (the speech and language therapy team which supports people with swallowing difficulties), and dieticians. Fluid and nutritional charts were kept and the registered manager completed a monthly audit to ensure these were being completed properly. People's weights were monitored in accordance with their assessed needs so staff were aware if people needed extra support with their nutrition. This helped to ensure people's nutritional and hydration needs were met.

People had access to a wide range of health and social care professionals. These included GPs, dentists, CPNs (community psychiatric nurses), chiropodists, physiotherapists, consultations, and social workers. Records also showed that staff took prompt action if there were concerns about the health of any of the people who used the service. All interactions with health and social care professionals were noted in people's files and plans of care were adjusted as necessary so staff could meet people's changing needs.

Good

Is the service caring?

Our findings

All the people we spoke with said they liked the staff. One person told us, “The staff are thoughtful and very good to us.” A relative commented, “The staff show great kindness, understanding, and willingness to meet our [family member’s] needs.”

We saw many examples of staff working with people in a kind and sensitive way. For example, we observed staff supporting one person who was looking for something to do. Staff involved them in helping to organise the lunchtime meal which gave this person a purpose which they seemed to enjoy. One staff member told us, “They like to keep busy and help out so we help them to do this.”

Another staff member approached a person who was sitting alone and sat talking to them for a while. Afterwards the person told us, “I don’t like to mix but I do like it when the staff come and chat to me and they often do that when they’ve got the time.”

We saw that staff listened attentively to what people were asking for or wishing to do and helped them accordingly. The staff team was multicultural, as were the people who used the service, and if particular language skills were needed certain staff members were able to provide these. Some of the people who used the service were unable to communicate verbally so staff observed their body language to find out what they needed. One staff member said, “Most of our residents know what they want and once you’ve got to know them it’s not difficult to work it out.”

People told us they were actively involved in making decisions about their care, treatment and support. One person said, “They help me to choose my clothes. They lift things up for me to see. I like things to match and the carers know that.” Another person commented, “It’s up to me what I do here. The staff are here to help me when I ask them to.”

Throughout our inspection we observed staff treating people with respect and dignity. For example they would knock on people’s door and wait to be asked prior to going into their rooms. They would make sure doors were closed when attending to people’s personal needs. If people needed hoisting in communal areas staff used screens to give people privacy. People’s bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests.

Good

Is the service responsive?

Our findings

All the people we spoke with said the support they received was personalised and met their needs. One person told us, "The staff listen to what we want and get what we want and not what they think we want." Another person said they were pleased with the support they'd received in enabling them to attend a local place of worship.

The plans of care we looked at were also personalised. People had an assessment prior to admission and this formed the basis of their plans of care. These included information about people's health and social care needs, likes and dislikes, and cultural needs. People's preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were included. This helped staff to provide care in the way people wanted it and we observed this is practice.

Some people had extra monitoring due to their health care needs. For example, people on bed rest were at risk of pressure sores and this was highlighted in their plans of care. Staff were instructed to reposition them regularly in order to prevent sore skin, and complete charts when they did this. We checked these charts and saw they had been appropriately completed. Care was being provided in accordance with their plans of care. Similarly, people at risk of poor nutritional intake or dehydration had food and fluids charts in place for staff to complete. The staff we spoke with understood the importance of carefully monitoring the well-being of people whose health was at risk.

Records showed that some people who used the service were, on occasions, reluctant to accept personal care, for a variety of reasons. We saw that when this happened staff used a range of techniques to encourage people in this area. These included trying different forms of communication, coming back a few minutes later, or trying different staff. Staff told us they followed the guidance in plans of care and found it useful. One staff member said, "It's understandable that people feel like that – we are asking a lot of them to trust us - but with time and patience they usually agree to be helped."

Records showed that plans of care were reviewed on a regular basis, and updated when people's needs changed. We saw evidence that the people who used the service, relatives, and health and social care professionals were involved in reviews. The registered manager and staff were knowledgeable about the needs of the people who used the service and able to tell us who needed extra support at times in order to minimise risk.

The registered manager told us the home welcomed and catered for people from a range of cultural backgrounds. The staff team was multicultural and spoke a number of different community languages. Some of the provider's documentation was available in Gujarati and English to make it more accessible to some of the people who used the service and more was being translated. Records showed staff supported people to attend local places of worship and other community resources. This helped to ensure people's cultural needs were met.

Staff told us that one of the ways they got to know the people they supported was by helping them to pursue their individual hobbies and interests. The provider employed a permanent member of staff to help organise this and the people who used the service had the opportunity to take part in both one-to-one and group activities. One person told us, "We had a day trip to the seaside which I enjoyed but I also like going shopping with just me and a staff member."

Records showed that people who were less active or on bed rest had access to suitable activities. These included listening to music and having one-to-one chats with staff. The registered manager told us, "We make sure everybody here has some kind of stimulation. It's very important to our residents that we spend time with them aside from doing caring duties." During our visit we observed staff going out of their way to talk to people and involve them in the life of the home.

During the afternoon of our visit we spent time in one of the lounges where a group of people were watching a film on television. A member of staff was present throughout making sure people were comfortable and bringing them drinks and snacks. Afterwards we spoke to this member of staff. They were knowledgeable about the cultural needs of the people who used the service and explained to us how they differed in terms of language and lifestyles. They told us that people in the home were never stereotyped because they came from a certain cultural background. They said, "The starting point is finding out from the person themselves and their families how they like to be cared for, and not to make assumptions about them because if you do you're usually wrong."

Good

Is the service responsive?

People told us they were listened to when they raised concerns or complaints. One person said, “Whenever I’ve had an issue, I have discussed it with the manager and it’s been dealt with.” Another person commented, “If I had any concerns I’d tell the staff because they always listen to me.”

People were provided with written and verbal information about how to make a complaint when they came to live at the home. They were also reminded about how to raise concerns at meetings and reviews. All the people we spoke with knew this and said they would do so if they needed to.

One relative told us that they had never had any reason to make a formal complaint because they could talk to the registered manager and staff if they did have a concern and ‘It would be dealt with’.

The registered manager told us the she had an ‘open door policy’ and that people who used the service, relatives, and others were welcome to approach her at any time if they had concerns. She said she also walked around the home several times a day to chat with people and give them the opportunity to raise concerns with her directly. Records showed the home kept written records when complaints were made and worked with the local authority, where relevant, to address them.

Good

Is the service well-led?

Our findings

People told us they thought the home was well-run and the registered manager approachable. One person said, "The manager is a very good listener. You can talk to her about anything." A relative commented, "My [family member] has been here for a number of years and we have seen a number of changes, however my [family member] is well-looked after and we are very happy with the service."

We looked at how people were involved in the running of the home. The registered manager said 'residents and relatives' meetings had been held this year but hadn't always been successful due to a low turnout. She said people had told her they preferred to give one-to-one feedback about their experiences of life at the home. Consequently people could now see her, without an appointment, at any time she was at work. She told us, "People can just come and find me, if I can't see them straight away I'll see them as soon as I can."

The provider's area manager or managing director visited the home weekly and routinely spoke with the people who used the service and their relatives. This gave people the opportunity to discuss the service at provider level. The provider also used questionnaires, a 'comments book', and care reviews to gather feedback. The results of the provider's 2014 quality survey were available in the home. Twenty-two people completed questionnaires for this and the results showed that the majority of the respondents rated the home as 'good' or 'very good'

The registered manager told us what improvements had been made in response to people's feedback and suggestions. The teatime menu had been changed because people said they wanted more variety and people now had a choice of both hot and cold snacks. People had also asked for better information in the home about the date, time of year and the weather. In response staff had put up two communication boards with the information people wanted in Gujarati, Punjabi, and English and also in pictures.

People's other suggestions for better multicultural reading material and signage in languages other than English had also been actioned. This showed the provider listened to people and made changes to suit their wishes.

Staff told us they had regular supervisions and appraisals which gave them the opportunity to discuss their training and development. They said they were supported and listened to by the management. They said they attended staff meetings where they discussed the home and make suggestions about it. They also told us they could approach the registered manager at any time and see her on a one-to-one basis if they wanted to. In addition the registered manager or another senior staff member was 'on call' if staff needed support at any time. One staff member told us, "If I've got a problem I know I will get answers and help from the manager."

There were arrangements in place to regularly assess and monitor the quality of the service. The registered manager followed a monthly audit schedule which incorporated all aspects of the home. The resulting audits were submitted to the provider's area manager or managing director to give them an overview of the service. The results of the audits were also shared with staff during handovers to help ensure they were aware of any improvements that needed to be made.

External audits were carried out by the local authority and NHS commissioners to check the home was meeting its contractual obligations. The registered manager said the results of these were acted on and gave examples of improvement made to the service in response to findings. These included improvements to training and medication records, the management of people's finances, and the staff recruitment procedure.