

Rearsby Home 5 Limited

# Rearsby Home Limited

## Inspection report

34-36  
Station Road, Rearsby  
Leicester  
LE7 4YY

Tel: 01664424519

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rearsby Home Limited is a residential care home providing personal and nursing care for up to 27 people aged 65 and over, including people living with dementia. At the time of the inspection 21 people were living at the home.

Accommodation is over two floors and there are dining and communal areas on the ground floor.

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

There was a lack of evidence available to demonstrate management audits and quality checks continuously took place to drive improvement at the service. We found shortfalls in records and working practices relating to safeguarding, complaints, staff recruitment, training and development, staff supervision and infection control systems.

The infection prevention and control policy needed to be reviewed to reflect current government guidance on reducing the risks of transmission of the Coronavirus. Cleaning schedules had not been revised to reflect that the frequency of cleaning high touch points had increased. In addition, systems were not in place to routinely check cleaning schedules were consistently being followed. We signposted the provider to resources to develop their approach.

The environment needed refurbishment and redecoration. At the time of the inspection a plan of refurbishment and redecoration was in the process of being implemented.

Staff were checked for suitability for their roles prior to starting work. This included checks through the disclosure and barring service (DBS), to include a criminal conviction check. The provider needs to ensure they follow the COVID-19 pandemic employment interim guidance when employing staff using an existing relevant DBS. Systems need to be in place to ensure suitable references are obtained timely.

There was enough staff on duty to meet people's needs. However, the registered manager should review the care of people cared for in bed, and at risk of social isolation. To ensure they receive regular person-centred interactions from staff, other than at times when staff are providing personal care, food and drinks.

Systems to ensure staff receive appropriate support, supervision and training, necessary for them to carry out their role and responsibilities had not been consistently provided. The registered manager said during the COVID-19 pandemic, face to face training courses had been suspended. They recognised they had not kept records up to date and confirmed this was something they were addressing.

Staff supervision one to one sessions had stopped taking place. (These are intended to give staff the opportunity to discuss in confidence, their role, any arising issues, and any other matters). The registered manager said they were working on introducing a plan of group and one to one supervision sessions for all

staff.

Systems were in place to ensure people received their medicines safely. However, staff need to ensure the medicines administration records (MAR) are not damaged when placing them in ring binders.

Accidents, incidents and falls were monitored to identify the possible cause, to reduce the risk of similar events occurring.

Meal choices were available for people, and people's cultural, ethical and religious needs were considered in meal planning. Staff had sought the advice of the speech and language therapist (SALT) to support people that required food and drinks to be modified. Staff worked with other health and social care professionals to deliver effective care and treatment.

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.

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

The last rating for the service under the previous provider was Good, published on 15 October 2019.

#### Why we inspected

We had received concerns about safeguarding and infection controls at the service. A decision was made to carry out a focused inspection to examine safe and well-led. The findings on the first day of inspection prompted us to request further information from the provider. On review of the information we decided to revisit the service to carry out a comprehensive inspection to examine the remaining key questions, effective, caring and responsive.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to safeguarding, training and good governance at this inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Rearsby Home Limited

## 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.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rearsby Home Limited 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.

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. The registered Manager was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

The first day of inspection 22 February 2021 was unannounced and the second day of inspection 01 March 2021 was announced.

#### What we did before the 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. 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 six relatives about their experience of the care provided for their family members living at the home. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers and domestic staff.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training data and quality assurance and safeguarding investigation 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoken with confirmed they had no concerns about their family members safety. One relative said, "I do think [name] is safe in the home, they have never mentioned feeling uneasy in the home." Another said, "I don't have any concerns over safeguarding and feel [name] is not at any risk from staff or other residents".
- Prior to the inspection we had received information about a safeguarding concern. The registered manager told us they were in the process of carrying out an internal safeguarding investigation into the concern. They said interviews with staff had identified some staff were unsure on how to raise safeguarding concern and they were arranging for all staff to receive refresher safeguarding training.
- The registered manager said they had informed the local authority and had contacted CQC for advice on whether to submit a safeguarding notification. They were advised a notification was not necessary, we later established the advice they had been given was misguided and a safeguarding notification should have been submitted.
- During the inspection we became aware of another safeguarding concern. The registered manager provided us with copies of an internal investigation they had carried out. We found they had not brought the concern to the attention of the safeguarding authority. Failure to follow the multi-agency safeguarding procedures meant safeguarding professionals could not be assured all people were being protected from the risk of harm or abuse.

Safeguarding systems and processes were not always operated effectively. This was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- References had not always been obtained before staff started working at the service. One staff member had been working at the service for almost three months without references being obtained. During the inspection two personal references for the staff member were obtained.
- The staff recruitment files evidenced the provider applied for Disclosure and Barring Service (DBS) checks, to include a criminal conviction check. One new staff member had been employed using a recent DBS check from a previous employer. We discussed with the provider the need to ensure they follow the COVID -19 pandemic employment interim guidance when employing staff using an existing relevant DBS check.
- There was enough staff on duty to meet people's needs.

Preventing and controlling infection

- The infection prevention and control policy did not reflect current government guidance on reducing the risks of transmission of the COVID-19 virus. The registered manager said they would ensure the policy was updated immediately.
- During the inspection we observed staff frequently sanitised high touch points, such as door handles, handrails and light switches. However, the cleaning schedules did not always record this was happening.
- The staff took visitors temperatures before entry to the home, hand sanitizer, disposable aprons and gloves were also provided to visitors.
- We observed staff used personal protective equipment (PPE) appropriately. One relative said, "The few times I have visited the staff were wearing gloves and masks." Another said, "[Relative] has been to see [relative] at the window. The staff were all wearing masks and gloves."
- The provider was accessing routine COVID-19 testing for people using the service and staff and followed government guidance in response to positive test results.

#### Assessing risk, safety monitoring and management

- Records were available to demonstrate falls monitoring took place, to identify trends / themes.
- Records were available to demonstrate appropriate environmental / equipment tests and checks were completed.
- Personal Emergency Evacuation Plans (PEEP)'s were available within people's individual care files.

#### Using medicines safely

- We observed medicines were safely administered to people using the service.
- Records were available of Medicines audits. However, we noted that several medicines administration records (MAR) had holes punched through the medicines name & instructions sections. The registered manager said they would ensure staff were reminded of the importance not to damage the MAR's when placing them in the ring binders.

#### Learning lessons when things go wrong

- Records showed appropriate action had been taken to seek specialist advice. For example, the advice and support from a speech and language therapist (SALT).



# 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 requires improvement. This meant there were some shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- Staff received an induction into their role and were provided with basic training following the care certificate accreditation. However, records showed training had not been kept up to date. The registered manager said this was something they were addressing as a matter of urgency.
- The staff recorded distressed behaviours on an ABC chart. (This is a tool to record (A) the 'antecedent', (B) the 'behaviour' and (C) the 'consequence'). However the charts were not used as intended to de-escalating behaviours. This meant opportunities to reflect on incidents, to understand people's needs better and improve their care were being missed.
- Staff told us they had not received any specialist training in using ABC charts or on providing positive behaviour to support people who display distressed behaviours.
- One to one staff supervision had ceased taking place. (Intended to give staff the opportunity to discuss in confidence, their role, any arising issues, and any other matters). The registered manager said during the COVID pandemic they had temporarily avoided having face to face meetings with staff, as they fell under a high risk group.

We found no evidence that people had been harmed. However, systems to ensure staff receive appropriate support, supervision and training, necessary for them to carry out their role and responsibilities had not been consistently provided. This was in breach of regulation 18 (Staffing) of the Health and Social Care Regulations 2008 (Regulated Activities) Regulations 2014.

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

- The new provider had put in place a programme of maintenance and renewal of the fabric and decoration of the premises. However, due to the COVID-19 pandemic works had been delayed.
- The service had one communal shower room located on the ground floor, and two private en-suite shower facilities.
- The fixed bath hoist in the ground floor bathroom had not been used since an engineer's service visit in December 2020 due to safety reasons, as the turning locking mechanism was not working. No date had been arranged for this hoist to be repaired. The provider said they would arrange for the hoist to be repaired immediately.
- The two fixed bath hoists located in the first floor bathrooms only had a rise and lower function, with no turning facility. This meant they were not fully accessible to enable people with limited mobility to safely transfer into the hoist from a wheelchair. Staff told us the bathrooms on the first floor were rarely used by people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care plans we viewed contained assessments that had been completed before people moved into the service. Relatives told us they had been involved with the assessments and reviews.
- More recently during the pandemic relatives said they had been less involved in the care plan reviews. One relative told us they were not involved in the pre-admission assessment, and due to the COVID – 19 restrictions at the time of admission they were unable to see inside the home, other than the entrance porch. Another relative said, "We were involved in planning my relatives care in the home, working with social services and the home, but we haven't had a review of [name's] care plan because of the lockdown."
- The care plans had information available about people's individual characteristics under the Equality Act 2010 and other diversity needs such as their cultural and spiritual preferences.

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

- Choices of meals were available for people, their cultural, ethical and religious needs were considered in meal planning.
- Where people had swallowing difficulties or were at risk of choking and required food and drinks to be modified, the staff had sought the advice of the speech and language therapist (SALT).
- People's food and fluid intake was sufficiently monitored to mitigate the risks associated with poor hydration and nutrition. The kitchen staff and care staff were knowledgeable about people's eating and drinking preferences and needs.

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

- The care records evidenced that staff worked with other health and social care professionals to deliver effective care and treatment.
- Referrals had been made to healthcare professionals to make sure people's health and wellbeing was maintained or improved.

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, 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 DoLS authorisations and reviews took place.
- Records showed that MCA capacity assessments and best Interests decisions took place.

# 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.

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

- One relative said, "I met [staff member] when we arranged my relatives care and they were very helpful at working out a plan. Prior to COVID -19 we used to have an annual meeting to make any changes to the care plan were needed."
- Relatives confirmed staff informed them of any changes in their relative's care needs.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us they thought their loved ones were well treated. One relative said, "I have no doubts about the care the staff give. They are friendly, efficient and keep me informed, they do interact with [name]."
- Some relatives commented they had not seen their loved ones for quite some time, and they had not been offered an opportunity to visit following social distancing guidelines. For example, one relative said, "My relative came from the hospital to the home in January 2021. We haven't seen [name] since December 2020. We have not been able to access a window visit and we have had no offer of a social media call, which would be difficult with [name's] condition."
- At the time of the inspection some people were being cared for in bed. We discussed with the provider the importance, of staff regularly visiting people to provide social and emotional support. This was especially important during the COVID-19 pandemic, when friends and family were unable to physically visit their loved ones

Respecting and promoting people's privacy, dignity and independence

- We observed staff in communal areas of the home providing care and support to people respecting their privacy, dignity and independence. One relative said, "The staff are respectful and when I was able to visit, I found the staff were all very friendly and had time to speak with me and my relative. Before the pandemic, I used to visit every two weeks." Another relative said, "The staff cleared the greenhouse out so that [name] could grow tomatoes last summer. Which they really enjoyed. [Name] also likes using their laptop to follow their hobby."

# 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 requires improvement. This meant people's needs were not always met.

### End of life care and support

- The end of life care policy had not been updated to reflect how relatives were to be supported to keep in touch and safely visit their loved ones. It also did not address the importance of staff spending time with people, providing companionship and any specialist care people may need to benefit from therapeutic sensory comfort and support.
- People's individual religious, cultural values and beliefs, were recorded within the care plans. However, information was not available on how these may influence people's wishes and decisions about their end of life care, so they could be recorded and acted upon.
- People on end of life care had prescribed anticipatory pain relief medicines available.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the time of the inspection four people were being cared for in bed and as such, were placed at risk of social isolation. For one person the last record of contact with their family was in December 2020. A staff member confirmed they had contacted the person's relative to update them on the person's condition, but this had not been recorded in their care file.
- The care plans had a 'life history' section. However, one care plan we reviewed did not have any information within this section. Without such information the person was at risk of not being supported to engage in the things they enjoyed doing, that were beneficial for their emotional and mental wellbeing. The registered manager told us that at times they found it difficult obtaining such information from people and their relatives.
- Relatives told us that during the COVID-19 pandemic they had visited their loved ones in the garden and these visits had stopped. One relative said, "I've had social distanced visits in the garden, but now we can only use the phone to speak to my relative." Another relative said, "Since the start of the pandemic we had window visits but given my relatives condition, there is no interaction, so we have stopped these." The registered manager said that some people using the service kept in touch with friends and family through video calls. They said they were working on a plan to re-introduce visitors into the home following the current COVID-19 government guidance.

### 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.

- We did not see examples of information in other formats to support people, such as large print or pictorial, but the registered manager confirmed this could be available if required.
- The care plans referred to people's communication needs, for example, sight, hearing and cognitive impairments. One staff member explained in detail how they supported a person that regularly displayed distressed behaviours. They spoke of how they calmly approached the person to recognise and tune into their emotional state to ease their distress.
- We observed all staff wore face masks, they used gestures to support the spoken word, when speaking with people with hearing difficulties.

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

- Relatives told us they felt if they had any concerns they would be listened to and acted upon. One relative said, "In the time [name] has been in the home (over four years), I have not had any reason to complain about anything."
- The registered manager said they had received one complaint from a relative and they had spoken with the relative over the telephone. However, no records were available to evidence the complaints procedure was followed. The lack of records meant we were unable to assess how complaints are dealt with and used to improve the quality of care at the service.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a lack of evidence available to demonstrate management audits and quality checks continuously took place to drive improvement at the service. We found shortfalls in records and working practices relating to safeguarding, complaints, staff recruitment, training and development, staff supervision and infection control systems. This meant the health, safety and welfare of people using the service and staff was not always promoted and protected.

Effective governance, assurance and auditing systems were not followed to continually assess, monitor and drive improvement in the quality and safety of the service. This was in breach of regulation 17 (Good Governance) of the Health and Social Care Regulations 2008 (Regulated Activities) Regulations 2014.

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

- Relatives told us staff kept them informed of accidents and incidents involving their relatives. One relative said, "[Name] has had a couple of falls since being in the home. They [staff] informed me immediately when they happened." Another relative said, "[Name] had a fall out of bed one night and they [staff] contacted me the next day." Another said, "I will get a phone call if things change with my relative."
- The registered manager was aware of their responsibilities under the duty of candour to be open and honest when things went wrong. However, due to the lack of effective safeguarding and complaints recording, we could not be assured that discussions always took place with people and their relatives when incidents had occurred.

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

- The provider had sought the views of relatives through sending out satisfaction surveys. The responses received indicated relatives were satisfied with the care their relatives received at the home.
- All relatives spoken with said they would recommend the home to other people. Some said they would like to be kept up to date with information regarding COVID-19 and how this affected the care of their relatives. One relative said, "I haven't had any guidance on what arrangements there are for visiting during the current conditions." Another said, "When we first moved our relative into the home, we used to get updates every couple of weeks, but since then we need to phone."

- A new registered manager had been appointed at the home in June 2020, however their appointment was temporary, and they were only available in the service two to three days a week. The provider was in the process of advertising for a new registered manager to take up post full time. All the relatives we spoke with confirmed they were unaware as to who was the current registered manager of the home. One relative said, "I've never spoken to the new manager; in fact, I don't know who they are." Relatives said whenever they contacted the service to enquire about their loved ones, they always spoke with the deputy manager or one of the senior staff.
- The registered manager had sent a newsletter to staff in September 2020. Staff said they would welcome meetings with the registered manager, they said at present communications with the registered manager were mainly through text using a private social media chat group.
- The service worked in partnership with health and social care professionals involved in people's care. Records showed the relevant health and social care professionals were contacted in response to people's changing needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Safeguarding systems and processes were not always operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective governance, assurance and auditing systems were not followed to continually assess, monitor and drive improvement in the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff supervision and training, necessary for them to carry out their role and responsibilities had not been consistently provided.