

Navigation Care Limited

Rushall Care Home

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

Rushall Care Home is a care home with nursing for up to 39 people, some of them living with dementia. Rushall Care home is arranged over three floors with people's needs ranging in complexity over all of the floors. At the time of the inspection, there was 34 people living there.

At our last inspection in August 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and 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.

This unannounced, comprehensive inspection took place on the 31 October 2018. Rushall Care Home is registered as a 'care home' with nursing. 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.

There was a registered manager in post. 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.'

People were safe from harm and abuse. Staff understood how to spot signs of abuse and how to report concerns. Risks to people were assessed and managed. Staff were available to meet people's current needs. People received their medicines as required. Staff wore personal protective equipment (PPE) when required and the home was kept clean and tidy.

People continued to receive effective support from staff that had the skills to meet their needs. 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. People were encouraged to eat a healthy diet and ensure they had sufficient amounts to eat and drink. People had access to health professionals when required.

People continued to receive a service that was caring. People were supported by staff who knew them well and respected their privacy. Staff encouraged people to be as independent as possible.

People continued to receive a responsive service. People were involved in their assessments and regular reviews of their care needs. People's care plans were personalised and included their likes, dislikes and preferences. People were supported to engage in both group and individual activities that they enjoyed. There was a process in place to respond to any concerns or complaints.

The service continued to be well-led. There were systems in place to ensure people received good quality

care and improvements were made as required. People and staff were encouraged to give feedback and were kept informed and involved in any changes within the home. The provider worked closely with other agencies and professionals.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

There were systems in place to monitor the quality of the service.

A system had been developed to monitor trends when accidents and incidents had occurred.

People and staff said the registered manager was approachable.

Rushall Care 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 took place on 31 October 2018 and was unannounced. The team consisted of two inspectors 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.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority and commissioners of people's care to gain feedback. They did not report any concerns, this helped us to plan our inspection.

During our inspection we spoke with nine people, six relatives, twelve members of staff, the deputy managers, the registered manager, the provider and two healthcare professionals. As some people were unable to share their experiences of the care they receive, a Short Observational Framework for Inspection (SOFI) was completed. SOFI is a way of observing care to help us understand the experiences of people who cannot talk to us. We also looked at a range of records. This included eight people's care plans, seven people's medicine records, staff records and quality assurance systems that were in place.

Is the service safe?

Our findings

At our last inspection in August 2015, we rated the service as 'Good' under this key question. At this inspection we found the service had remained 'Good'. People and relatives said they were safe living at Rushall care home. One person said, "I feel very safe here. I have my walking frame and staff help me to stop falls" and another person told us, "I am safe here, it's better than being on my own...I am happy here". A relative told us, "We know she is safe. The home gives us peace of mind knowing she is safe".

Where risks to people had been assessed, measures had been put in place to reduce and manage them effectively. We found there was information and guidance for staff on how to minimise the individual risks to people. For example, one person who was at risk of falling had a risk assessment, falls diary and a sensor mat in place. This informed staff how to reduce the risk including what equipment should be used to support the person to stand and what footwear they should be wearing.

There was a system in place to monitor accidents and incidents. The registered manager gathered information to look at trends to reduce the risk of reoccurrence. We saw that actions had been implemented as a result of this.

Staff were aware of how to spot signs of abuse and knew how to report concerns both within their organisation and externally. We saw that safeguarding referrals were made timely and appropriately to the local authority.

People we spoke with said there was enough staff to meet people's needs. One person told us, "I can always get someone...They come quite quickly when I press the buzzer...Someone always answers." A relative we spoke with said, "Anytime I visit there are staff around". Our observations confirmed there was enough staff to meet people's individual needs.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. This included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

People told us they received their medication as prescribed. One person said, "I have three tablets once a day. The staff never forget to give them to me". People's Medication Administration Records (MARs) were accurately recorded to show when people had their medication. Staff had received training on how to administer medication safely and their competency to do so was checked.

We saw the home was kept clean and well maintained. Staff had access to personal protective equipment (PPE) when needed. There was a domestic team in place and we saw responsive and routine cleaning taking place. People and relatives told us they thought the home was kept clean and tidy.

Is the service effective?

Our findings

At our last inspection in August 2015, we rated the service as 'Good' under this key question. At this inspection we found the service had remained 'Good'.

People were supported by staff that had the skills and knowledge to meet people's needs. One person told us, "The staff do a good job. They know how to look after me and do the hoist properly." A relative said, "The staff all seem well trained." Staff told us they found the induction and training helpful. One staff member said, "The induction involved, being introduced to people and staff. I worked with experienced staff for the first few weeks. That was helpful." Staff confirmed they had regular support and supervision. One staff member said, "I have supervision every six weeks". I am very much supported in my job."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider 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. Staff demonstrated a good understanding of this legislation and understood the importance of seeking consent before providing support to people. We saw that DoLS applications had been made appropriately to the local authority.

People were encouraged to eat a healthy diet. The cook knew people's individual dietary needs and was aware of anyone that required fortified foods due to being at risk of weight loss. Fortified foods have nutrients added to them to reduce the risk of weight loss. For example, making a pudding with cream or full fat milk. People and relatives told us they enjoyed the food and were given choices. One person said, "The food is very good and there is plenty of it. You can have a choice about what you want. I have never come across anything that I didn't like. You can't fault the food. I have what I want". A relative told us, "The food is excellent. I have eaten here several times."

People had access to healthcare professionals when required. One person told us, "I have seen the dentist and the chiropodist" and another person said, "I have my eyes tested and my feet done." A healthcare professional we spoke with confirmed they were kept up to date and said, "They feedback promptly as required."

The premises were suitable to meet people's needs. There was a communal area and outside garden area where people could sit, we saw that this had been used when the weather was nice. Although picture cards were used for people where required, there was some doors without any signs on them. We discussed this

with the registered manager and they said they would look at what may be suitable around the home to meet people's needs.

Is the service caring?

Our findings

At our last inspection in August 2015, we rated the service as 'Good' under this key question. At this inspection we found the service had remained 'Good'.

People and relatives spoke positively about the staff that supported them and the care they received. One person said, "All the carers are very nice. We have a laugh and a joke. I rely on them" and another told us, "They [staff] are very thoughtful girls, I don't want for anything, they are very kind. If you ask them for anything they will do their best to get it for you." A relative explained, "I think they [staff] are compassionate and caring. [Person's name] has never said that they have been anything but kind to them. They [staff] are very fond of her. [Person] is very happy with them all." Another relative told us, "It's [Rushall care home] is amazing, they're [staff] so hardworking, they'll do anything."

Staff knew how to promote equality and diversity within the home and knew people well including their likes and dislikes. People were communicated with in their preferred way. A relative explained how staff used picture cards to communicate with their family member effectively.

There was a calm and homely atmosphere within the home. People and relatives used the communal areas of the home but also spent time in their own rooms if they wished. Relatives told us there was no visiting restrictions and they felt comfortable and welcome within the home. One relative said, "It's like home" and another told us, "It is very homely, you could tell that straight away." A healthcare professional spoke positively about the home and staff and told us, "The home is very welcoming, general atmosphere is very friendly and staff pride themselves on delivering good quality person centred care."

We saw that people's privacy and dignity was maintained when staff were supporting people. Staff addressed people by their preferred name and knocked on doors and called out before entering and spoke discreetly when speaking to people about personal care.

People were encouraged to remain as independent as possible and their care records reflected this. Staff explained how they encourage people to be independent and make choices. One staff member said, "I give them a flannel so they can wash where they can themselves. Give them choices of what to wear, what they would like to eat and drink and what they would like to do."

Is the service responsive?

Our findings

At our last inspection in August 2015, we rated the service as 'Good' under this key question. At this inspection we found the service had remained 'Good'.

People had their needs assessed and reviewed on a regular basis. We saw that people's care records were reflective of their current, individual needs and showed that both the person and their family had been involved. Relatives we spoke to confirmed they had been involved in regular reviews and were updated when required. One relative said, "We have reviews, they [staff] ask us what we think of everything and the care." Another relative explained, "If things aren't right they are open to communicate." People's care plans provided information about their likes, dislikes and their personal background and history so staff knew people well and could engage with them. Where people had recently been in hospital and their needs had changed, we saw care plans and risk assessments had been reviewed and updated accordingly and staff were aware of these changes.

People had plans in place to support them at the end of their life to have the care and support they wanted. This included what their wishes were regarding going into hospital and what service they would like. We saw that these had been developed with the person and their relatives and had been updated when required.

People had access to both group and individual activities they enjoyed. There was an allocated staff member for activities and all of the people, relatives and staff we spoke with, spoke highly of them. One relative said, "There's always something going on. [Activities Coordinator] is really good...there's a lot of laughing and they take them outside in the garden." There were photos up around the home showing what activities they had been involved in and a newsletter was given out monthly with information and pictures for relatives of what activities and celebrations had happened within that month. People were supported to go out in the local community on a regular basis, this included going to a local dementia friendly cinema which people told us they enjoyed.

People and relatives told us they knew how to raise concerns and said they could approach the staff or registered manager if required. One person said, "If I were upset or concerned about something I would speak to a carer. If a carer upset me I would speak to another carer. There is more than one carer and they are all pretty patient. I would speak to my daughter after I had done that. I know the carers would deal with it." A relative explained, "We have made a complaint. It was about the washing and laundry. It was dealt with straight away so we know that if we notice something we do let them know." All residents and relatives were given a copy of the complaints policy when they first started using the service and this included an easy read format for people if required. The registered manager had a complaints record in place, this showed that complaints were dealt with appropriately and trends could be identified to reduce reoccurrence.

Is the service well-led?

Our findings

At our last inspection in August 2015, we rated the service as 'Requires Improvement' under this key question. This was due to accidents and incidents not being analysed to identify trends and reduce reoccurrence. At this inspection we found the service had implemented an effective system for this and the rating is now 'Good'.

The registered manager completed monthly audits for areas including; medication, accidents and incidents, people's weights and pressure care. Where shortfalls had been identified, they had been addressed via an action plan. For example, where people had lost weight, actions were identified and implemented such as, a snack box and how people's weights were being monitored. There were also external and intercompany audits which involved the provider's other two homes to provide a good quality service.

We saw from regular resident and relative meetings that people and their relatives were involved and asked for feedback relating to things such as refurbishment, installing CCTV and staffing levels. The registered manager also sent out quality surveys, we saw the response was positive.

Staff told us and records confirmed, they had regular staff meetings and were asked to provide feedback which was acted on. For example, the registered manager had identified that improvements were required to the induction programme and had included staff in these changes. One staff member told us, "Training has been mentioned more recently to [Registered manager]. A solution has been provided and training has now improved to help support carers where they feel they need it most." We saw that staff meetings were also used to share concerns that had been raised such as safeguarding referrals and shortfalls identified in audits. However,

The provider had strong links with the community. This included working closely with the local clinical commissioning group (CCG). The registered manager informed us they were involved in the 'SPACE' programme and as part of this had developed a safety board. The safety board is a system to provide information of clinical risks and ensure effective communication. We saw they had won an award for innovative practice and had shared their safety board with other homes. The provider also had strong links with the local church to meet people's religious needs.

People, relatives, staff and professionals we spoke with told us they thought the home was well-led and spoke positively of the registered manager and provider. One person said, "[Registered manager] has been to see me this morning." A relative told us, "The managers are all very nice, approachable, never frightened to speak to [registered manager] and [registered provider] is lovely." We saw the registered manager approach people and they responded well to them, appearing happy to see them. A healthcare professional told us, "Rushall has a strong leadership at all levels, the owner is visible and actively involved in supporting improvements both in the environment and clinical care."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on

their website. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection.