Michael Batt Charitable Trust

Rushymead Residential Care Home

Inspection report

Tower Road
Coleshill
Amersham
Buckinghamshire
HP7 0LA

Tel: 01494727738
Website: www.rushymead.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

The inspection of Rushymead Residential Care Home took place on 22 and 23 February 2018 and was unannounced. The previous inspection carried out on 30 and 31 January 2017 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have robust quality assurance systems in place to effectively monitor the safety and quality of people's care. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well led to at least good We found during this inspection the provider had made improvements and was now meeting the regulation.

Rushymead Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rushymead Residential Care Home accommodates 28 people in one adapted building. At the time of our inspection there were 24 people using the service. The service accommodates people across three separate units, each of which have separate adapted facilities. All of the units specialises in providing care to people living with dementia. Rushymead Residential Care Home stands in several acres of grounds and has a terraced area for people to sit on warm days.

The service requires a registered manager to manage the service. 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. At the time of our inspection there was a registered manager in post.

We received positive comments from people we spoke with in relation to how well cared for people felt. One person commented on how they felt supported and listened to. Relatives we spoke with told us their family member was safe and well looked after. For example, "I know she is safe. I can't fault them" and "No worries mum is well cared for."

Staff showed kindness and compassion for people they supported. We observed positive engagement between staff and people throughout our visit.

Staff undertook training in relation to safeguarding people at risk. Staff told us they knew what to do if they suspected abuse of any kind. We saw contact details of the local safeguarding authority displayed within the premises.

Risk assessments were in place for people identified at risk. We saw these were current and updated as required. Personal Emergency Evacuation Plans (PEEPs) were in place in the event of an emergency.

Medicines were managed safely and effectively. People received their medicines as prescribed by the GP.

Staffing levels were sufficient to meet people's needs. The service used agency staff when required. We were told that the same agency staff were used where possible.

Recruitment procedures were robust and ensured only suitable staff were employed. Staff files we saw contained relevant documentation.

People told us the food was good and they had a choice of menu. People's nutritional needs were identified and monitored. The chef had a list of people's dietary requirements where they required a specific diet.

People and their relatives told us they knew how to make a complaint. A comments box was located in the main reception area for anyone wishing to make a suggestion. In addition a 'make a wish' tree was available for anyone to leave suggestions or comments.

Staff spoke positively about the management structure of the service. They told us they would always speak to the manager or team leader if they had any concerns. Staff received regular supervisions where they could discuss their progress and feedback about any areas for improvement.

People were supported with their healthcare needs and were referred to external healthcare professionals when required.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service compiled with the MCA codes of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider regularly checked the quality of care at the service through audits. Records were maintained to good standards. Staff had access to policies and procedures to ensure their practice was in line with the providers' way of working.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always ensure they were available at all times.

Some risk assessment charts were not completed to show what support had taken place.

People and relatives told us they were happy and felt safe living at the service

Is the service effective?

Good

The service was effective.

People had access to appropriate healthcare professionals to receive additional support.

Staff had regular supervisions and training they told us they felt supported.

Is the service caring?

Good

The service was caring.

People received kind and compassionate care from staff.

People and their relatives were involved in the care planning process.

People's dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People and their relatives told us they knew how to make a complaint.

People had access to activities to avoid social isolation.

Is the service well-led?

Good

The service was well led.

Audits were effective and enabled the service to improve.

Conditions of registration were met by the service.

The culture of the service was open and transparent.

Rushymead Residential 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 22 and 23 February 2018 and was unannounced.

The inspection team comprised of an inspector and an expert by experience on the first day. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The second day one inspector completed the inspection.

Before the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events, which the service is required to send us by law. 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 sought feedback from healthcare professionals who visit the service.

We spoke with four people who used the service and three relatives. In addition we spoke with the registered manager, the general assistant, the team leader, the administrator, the chef, a visiting professional and four members of staff.

We looked throughout the premises and observed care practice and people's interactions with staff. In addition we viewed five care plans and records relating to care practice, medicine records, four recruitment files, the training matrix, supervision records and other records relating to the way the service is run.

Requires Improvement

Is the service safe?

Our findings

Relatives told us their family member was safe and well looked after at Rushymead Residential Care Home. One relative told us, "I know she is safe. I can't fault them. In the previous home she was traumatised, and now she is fine and absolutely loves it here."
Another relative said, "No worries; they look after mum well. I am more than happy with the care she receives."

The service used a dependency assessment tool to assess people needs and the staffing levels required. We saw the dependency tool was reviewed on a monthly basis and updated when required. The score rating reflected the person's individual needs. There were six members of staff on duty during the day, which meant two members of staff were on each floor. Four members of staff were available at night. The registered manager and the team leader were also available to assist during the day when required. We observed there were sufficient numbers of staff to meet people's needs. However, staff did not always ensure the floor was covered at all times. For example, we noted on two occasions during our visit a member of staff was not always present on the floors we visited. However, this was for a short time and we noted on these occasions staff had gone 'to get something' or assist another member of staff. We discussed this with the registered manager during feedback. They told us they will discuss this with the staff members and reiterate the importance of not leaving the floor unattended. The registered manager told us, "They know they can come and ask us if they need help." This puts people at risk if members of staff are not always present for support needs.

The service had recently installed a new call bell system that included pagers for staff to quickly identify who was requesting assistance.

A pre-assessment was carried out prior to people being admitted to the service. The pre- assessment included the person's preferences, dietary requirements, medical history and communication abilities. From the pre-assessment, risk assessments could be implemented. We saw people had risk assessments in place for identified risks such as diet and nutrition and repositioning. Specific charts of people's identified risks were kept in people's rooms. For example, repositioning charts and food and fluid charts. This enabled staff to complete these as the event occurred. However, we saw that records were not always completed when a support intervention took place. In this case we saw one person's repositioning charts were not recorded to reflect when staff had supported the person to change position. We discussed this with the registered manager and they told us this will be discussed with staff with immediate effect. Some people may require repositioning to reduce the risk of pressure damage when they are unable to reposition themselves and remain in their bed due to frailty or deteriorating health.

We observed the administration of medicines and the systems in place to manage medicines safely and effectively. We checked the medicine records for each person who had been prescribed medicines by the GP. The charts were completed satisfactorily with the correct codes used when required and as advised by the dispensing pharmacy. Policies and procedures were available for staff to refer to. This included 'when required' (PRN) medicines and covert medicines. We were told there was no one receiving medicines

covertly at the time of our inspection.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff told us they would not hesitate to report any concerns to the relevant authority. We saw the service had a safeguarding policy which was in line with the procedures for keeping people safe. This meant there was a clear process for staff to follow to protect people.

The service followed safe recruitment practices. We looked at files for four members of staff and found the service had completed the necessary checks for new staff. Files included proof of identity, job history and references. We saw the provider had completed Disclosure and Barring Service (DBS) checks to make sure staff were safe to work with people at risk.

Personal Emergency Evacuation Plans (PEEP) were in place in case of emergencies such as fire. The aim of a PEEP is to protect people with any form of a disability, who cannot be adequately protected by the standard fire safety provisions within the premises.

Accidents and incidents were recorded and relevant parties informed in line with legislation and in line with the providers policy and procedures.

The premises were cleaned to high standards we saw staff engaged in cleaning duties during out two day inspection. Rooms and communal areas were clean and enabled people to walk freely around the premises. Each floor was an independent homely environment consisting of bedrooms, a communal living area and kitchenette and lounge.

Good

Is the service effective?

Our findings

People were supported by staff that had received training to enable them to support people effectively. Staff were required to undertake mandatory training including nutrition and hydration, safeguarding adults, moving and handling and dementia care. Specific training was available for staff to complete to ensure people's needs could be met. For example, managing diabetes and behaviours that challenge. Staff told us the training was good and enabled them to support people effectively and that they could always ask senior staff and the management if they were unsure about something.

New members of staff completed an induction and shadowed more experienced members of staff before they worked alone. A new member of staff told us, "I have had great support right from the start."

People's needs were assessed before they started using the service. This included mental health, physical needs and social support. People's preferences were taken into consideration when planning care and support. The service enabled people to have as much independence as possible. This included empowering people to have choices in decisions about their care and treatment. We saw evidence of this during our inspection. For example, we saw that one person preferred to spend time sitting in the upstairs landing where a view of who was 'coming and going' could be observed. The person commented, "I like to keep an eye on what's going on," and "They (staff) are there if I need them." The person went on to say that they were supported in their care and support. The service had clear procedures for assessing decision-making capacities and for ensuring that any decisions made on someone's behalf were recorded as best-interest decisions and agreed by people involved in the decision.

One relative told us, "They (staff) are laidback but professional. They will always let me know about any concerns or changes….they (staff) handle her (the person) really well. I know she can be a handful at times."

The service provided respite care for people with a health crisis to prevent unnecessary admission to hospital. Temporary registration was provided during this time by the local GP. People were made aware that if their own doctor was out of the service's visiting area then temporary registration with the local surgery would be required. Staff made arrangements for a GP visit as and when required.

The service enabled people to make a choice as to whether they wish to enter the home by providing all necessary information about the service. This included facilitating the involvement in the decision with the person's relatives or advisors where indicated.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff we spoke with had a good understanding of the MCA and DoLS they told us they always assume people have capacity unless they were told otherwise. Applications had been made to the supervisory body where an assessment had identified a person lacked capacity to consent to the deprivation. We saw that three people were subject to an authorisation in the Deprivation of Liberty Safeguards. The registered manager demonstrated a clear understanding of their responsibilities in relation to MCA and DoLS.

We observed lunchtime during our visit. Staff served people their meals in an orderly manner without rushing. People were able to have their meal either in the dining room or in their room. People were offered a choice of menu we saw there was a picture menu folder available to show people who had difficulty communicating. We saw people interacted with staff during their meal and staff offered assistance to people where required.

We saw that some people required specific diets and nutrition. The service used an adapted version of the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults who are malnourished and at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. We saw that some people required additional support with their food intake. Food charts were in place for people who required this. We spoke with the chef and they told us they were aware of people's specific dietary requirements. This included people with swallowing difficulties and required a soft diet and people who needed additional calories. Records we saw confirmed this.

People had access to healthcare professionals within the service, which included visits from the community nurses, GPs, speech and language therapists and chiropodists. Referrals were made when required. We spoke with one visiting healthcare professional and they told us they had no concerns regarding the level of care provided and that staff were always available to assist them during the visits.

Good

Is the service caring?

Our findings

We asked people and their families if they felt the service was caring. Comments included, "Very nice. I go at all different times when we visit she (the person) has always got a cup of tea by her side" and "They look after mum really well." One person told us, "Yes they are alright; they are there when I need them."

We observed positive interaction between staff and people who used the service. We found people were treated with dignity and respect. Staff were not rushed and were available to spend time with people. We observed a member of staff engaging with one person in a warm and compassionate manner. The member of staff was asking the person all about their day and taking time to listen intently what the person was saying.

The service had a designated hairdressing room where people could have their hair attended to. People were supported by staff to attend the hairdressers. We observed banter between members of staff, the hairdresser and people visiting the hairdressers. This was clearly a social event that everyone enjoyed.

We observed staff knocked on people's doors before entering. We saw staff announce their presence and sought consent from people before entering. Staff recognised that some people liked to be called by different names; we saw evidence of this during our inspection. We observed that a person who had recently joined the service was referred to their preferred name. We spoke with the relative who commented how nice this was.

Relatives told us they were always contacted if there were any changes or concerns regarding their family members' condition. One relative told us, "They ring me immediately if anything happens. Sometimes she (the person) refuses to come out of her room and attend her appointments. It usually only takes a phone call from me and it's sorted."

The service enabled people and their families to be involved in decisions about their care and support. Regular reviews were held with people and their families to discuss any changes or additions to care. Records we viewed confirmed this.

Relatives told us they could visit at any time and were always made to feel welcome. One relative told us that they visited regularly at all different times of the day.

The service encouraged people to personalise their rooms with small items of furniture, treasured items and photographs to create a room that was familiar and reassuring. The service promoted people's independence. The premises were divided into self-contained levels with a lounge and dining area on each level. The outside area had a terraced area outside as well as a croquet lawn. This enabled people to socialise with friends and family or to relax.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a

framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices displayed throughout the premises which enabled people to have access to information such as community events, activities and any changes to the way the service was run. We saw that one person's first language was not English. The service employed a member of staff who was able to communicate with the person and speak another language. In addition, the service had created a folder which contained simple words in the person's other language that staff could use with the person.

Advocacy services were available for people who required this. The service supported people to access this information when necessary. We saw leaflets about the advocacy services in the main foyer of the building. Records were kept confidentially in a locked cupboard on each floor of the service. Additional records were kept in the services offices which were locked when not in use.

Good

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. Staff knew people well and were able to explain people's routines. During discussions with staff they were able to tell us about preferences and routines of people they supported. One example we were told about was one person who was reluctant to come out of their room. A member of staff told us, "We assess their mood on a day to day basis. If they are in a good mood they will usually mix with the others." The person's family confirmed this and told us, "In the previous home it was a bit of a nightmare. Since coming here she (the person) is gradually mixing with the other residents."

Reviews were held with people and their families to ensure any changes were communicated. Records we viewed confirmed this. One relative told us they were kept informed of changes or concerns.

The service sought to maximise choice by arranging a varied social programme and supported people to engage in activities to avoid social isolation. The service employed two activity coordinators to help people express and follow their individual interests. People were supported to take part in events in the community. The service was a member of Friends and Neighbours (FaNs). FaNs aimed to increase the mobility and provide more opportunities for people living in Rushymead Residential Care Home. For example, this included development of a support network to enable people to participate more effectively with the wider community.

We saw activities taking place during our inspection. These comprised of chair-based exercises and singing. One member of the activity team told us there was a 'core group' of people who usually attended. However, the people who preferred to spend their day in their rooms did not receive the benefit of social stimulation staff planned. We were told that this would be addressed by increasing staff numbers to enable more one-to one-contact to be made.

The service had an open-door policy and welcomed any suggestions, concerns or ideas. A communication tree, where comments could be written on its 'leaves' and a suggestion box was located in the main reception area. This enabled people and visitors to leave feedback about the service. There was a complaints process and system people and their families received when they first joined the service. Complaints were managed in accordance with the service's policy and procedure. Relatives we spoke with told us they knew how to make a complaint, but they would speak to the registered manager first. There were no complaints in the last 12 months.

The service supported people at the end of their life. Records we saw related to people's wishes at the end of their life. The service was supported by the GP and community nurses during this time. We saw that one person received end of life care during our inspection. We observed the person to be comfortable and staff checked them at regular intervals to enquire if they needed anything. The person's family member visited at the time of our visit and they told us they were happy with the care their relative received. They told us, "They look after mum well, there are no problems."

Good

Is the service well-led?

Our findings

We asked people, relatives and staff whether they felt the service was well-led. We received mainly positive comments. Relatives told us they knew who the registered manager was and they said they was approachable. We received mixed comments from staff such as, "I can go to the registered manager if I want to discuss something", "I am not always sure if I am doing the right thing, but (the registered manager) will always let me know", "Yes, reasonably supported," "They (the registered manager) don't listen and speak over me" and "I have only been here for a while; it's too early to say."

The service had a clear vision and set of values that included involvement, compassion and dignity. Most of the staff we spoke with said they had confidence the registered manager would listen to their concerns and these were received openly and dealt with appropriately. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. We saw examples of this on both days of our inspection.

People were respected by staff regardless of their culture, or religious backgrounds. People's characteristics were protected by staff and the management team. The service respected and accommodated individual personal idiosyncrasies. The service assessed and implemented the principles of equality, diversity and human rights in the provision of care and put these into practice.

Audits were carried out to ensure the service delivered high quality care. We saw audits for medicines, care plans infection control and staff training. Where necessary actions for improvement were in place for any issues identified in the audits. Quality assurance also took into account the importance of obtaining feedback from relatives, staff and stakeholders in line with the service's policy.

The service held regular meetings to gain feedback, comments and suggestions. We saw evidence of regular meetings held with staff, discussions were relating to the quality of care and improvements required. For example, staff ensured people's support plans reflected the current care required. In addition, we saw that letters were sent to families inviting them to attend meetings.

The service was governed by the provider's board of trustees. The director and board of trustees met on a regular basis to discuss the provision of service and any improvements that were needed.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use the service and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was aware of the requirement and had occasion where this was utilised.

The service worked in partnership with other healthcare professionals such as community nurses, speech and language therapists and GPs. We saw appropriate referrals had been made when required.

The service had a legal duty to inform us about certain changes or events that occur at the service. There are required timescales for making these notifications. We had received information about notifications and we could see from the notifications appropriate actions had been taken.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as aims and objectives of the service, contact details, information about the registered manager and the provider and the legal status of the service. We found the SoP for the service was appropriate and up to-date.