

Rushcliffe Care Limited

Hayes Close

Inspection report

9 Hayes Close
Whitwick
Coalville
Leicestershire
LE67 5PJ

Tel: 01530837444

Website: www.rushcliffecare.co.uk

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30 June 2022

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hayes Close Residential Home is a residential care home providing personal care. It is registered to support up to seven people with a learning disability or autistic people. At the time of our inspection there were six people using the service.

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

We have made recommendations about risk management, governance and oversight.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support

People were supported and encouraged to take part in a range of activities, both at the service and in the wider community. The registered manager and staff ensured people's relatives were involved in the care and support of people, providing updates via telephone and social media. The premises were homely, mostly clean, comfortable and had a large secure garden with a summer house and plant potting area. 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.

Right care

Staff provided people with care and support which was personalised to their individual needs. They knew people well and communicated effectively with them using pictures, signs and speech. People had the opportunity to make choices about their daily routines and activities and staff encouraged people to do this. People and their relatives told us they were treated with dignity and respect. Staff protected people's privacy and knew how to do this safely.

Right culture

There was a lack of oversight of the service in some areas. Governance and performance management was not always reliable and effective, and risks not always identified. This was accepted by the registered manager who acted promptly to address shortfalls. However, the culture of the service was always caring, and staff put people first and empowered them to lead meaningful lives and be part of their local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayes Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hayes Close

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 Health and Social 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 we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Hayes Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hayes Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We visited the service on 21 June 2022 and 30 June 2022, both dates were unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted two local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with two people about their experience of care provided. We spoke with the registered manager, deputy manager, assistant director, a senior carer, two care workers and a visiting professional. Following the inspection, we spoke with two relatives by telephone.

We reviewed a range of records. This included people's care and medication records. We looked at staff recruitment, meetings, and supervision records. We also looked at records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- During the inspection visit hazardous substances were accessible to people using the service. We found cleaning products and toiletries in a communal bathroom and laundry. No consideration had been taken regarding the risk of these products being accessible to people, some of which did not have the capacity to ensure their own safety.
- We asked to see the service's Control of Substances Hazardous to Health (COSHH) policy/procedure, the registered manager told us the service didn't have one. The service had a general health and safety policy and staff received training around COSHH processes. However, there was no specific policy relating to safe storage within the setting. This is important to protect people from coming into contact with products that could contain hazardous substances.
- People had personal emergency evacuation plans (PEEPs) informing staff how to support people to evacuate the building in the event of an emergency. One person's PEEP gave an incorrect room number for them. This was the room number for an empty bedroom. This meant in the event of an emergency, personnel who did not know the service well, for example fire personnel, might not be able to find the person.
- We found external environmental hazards had not been risk assessed. A communal garden had, loose paving, a raised concrete border and sloping areas, presenting a trip hazard. Staff said they accompanied most people when they used this area, however one person used this area on their own. There was no risk assessment for the external environmental risks, meaning people were at risk when using this area.
- We told the registered manager about these risks. Immediate action was taken to address the concerns found. Following the inspection, the provider sent us a new COSHH policy and risk assessment and a risk assessment for the communal garden, demonstrating action had been taken to mitigate risks.

We recommend the provider reviews health and safety at the service and ensures they are following relevant guidance so that risks are effectively managed.

Staffing and recruitment.

- Staff members had mixed views on staffing levels. A staff member said, "Staffing levels are good, if we had any more staff, we would overcrowd the service." However, another staff member felt more staff were needed for morning routines, mealtimes and accessing the community. The registered manager said staffing levels were continually reviewed and she would take these staff views into account at her next review.
- The registered manager provided direct care but did not appear on the service's staffing rota, this made it

difficult to work out the number of staff present at any one time. The registered manager said they would immediately add themselves to the rota so it was clear who was providing care and support at any one time.

- At the time of our inspection visits we observed sufficient numbers of staff were available to support people's needs. People received timely support and staff had time to spend talking with them.
- People told us they liked the staff and got on well with them. A person said, "They know how to look after me. They know what I need." Another person told us, "The staff are nice all the time." A visiting professional told us the staff had a good understanding of people's needs.
- Staff were safely recruited to ensure they were suitable to work with people using care services. The provider carried out DBS other recruitment checks as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff had regular supervisions, appraisals and observations so senior staff could check they were providing a good standard of care.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. A person told us, "I feel safe because I've got all my things in my room." Another person said that having staff and other people around made them feel safe.
- Staff demonstrated they understood the service's safeguarding policy and procedures which told them what to do if they had concerns about the safety of any of the people they supported. A staff member told us, "We are trained in safeguarding and have regular updates. We all know who to report abuse to."
- Appropriate safeguarding referrals had been made to other agencies to ensure people were kept safe.

Using medicines safely

- Peoples medicines were managed safely. The provider had systems and processes in place for the safe administration of medicines. Staff who were responsible for administering medication had the relevant training, and their competency was regularly checked by the registered manager and senior staff.
- Protocols were in place to provide guidance to staff when to administer 'as needed' medicines.
- Staff made sure that people had their medicines at the right time and a way they preferred. One person told us, "The staff do my tablets. They bring them to me when I need them, so I always have them at the right time."

Preventing and controlling infection

- Most areas of the service were clean and tidy. However, fabric pull cords in both bathrooms were heavily soiled and one had a broken plastic end. We told the registered manager, and these were replaced with wipeable plastic pull cords which were easier to keep clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was following current government guidelines on allowing visitors into the service.

Learning lessons when things go wrong

- Lesson were learnt, and improvements made when accidents and incidents happened at the service. A person had a fall in their bedroom, actions were put in place to prevent a similar incident reoccurring. For example, additional equipment was put in place to alert staff if a similar incident reoccurred. Increased monitoring was implemented for the person to ensure they were safe.
- Staff recorded accidents and incidents. The registered manager analysed them and set out what needed to be done to reduce future risk. The registered manager also audited accidents and incidents records monthly to ensure lessons were learnt.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff assessed people before they came to the service to ensure it was suitable for them. A person said, "I wasn't happy for a long time [prior to moving to the service] but I came here and now I am happy again."
- Assessments covered people's physical, mental health, social, and equality and diversity needs. Staff used these as a basis for people's support plans which were developed and amended as staff got to know people well.
- Members of staff used electronic devices to access people's care records, identify and meet their individual needs, and record any changes or important information. This meant staff were up to date with people's changing needs.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction which included shadowing experienced staff and receiving online and face to face training.
- Following their induction, staff completed a wide range of ongoing training courses including specific training for people's medical conditions.
- We saw the service's training matrix demonstrated staff had received the appropriate training to allow them to support people effectively.
- Staff said the service's training programme was good and covered most of the areas they needed to know about including learning disabilities and autism.

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

- People like the meals and said they always had a choice. A person said, "The chicken dinners are the best." Another person told us, "I don't like pasta so when we have that I have something different. When I came here, they asked me what I liked, and they made a list."
- Staff supported a person with their lunch. They followed instructions in the person's support plan to ensure the person enjoyed their meal safely. They talked with the person while they were eating which made the occasion social and enjoyable.
- All service users had eating and drinking plans. Where people were at risk, advice was sought from the speech and language therapy (SALT) team, and staff followed this.

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

- Records show people had access to a range of healthcare professionals. For example, one person's records showed they had seen a range of healthcare professionals including a podiatrist.

- A relative told us that staff at the service had taken their family member to the dentist. They said, "They see to anything that becomes apparent health wise."

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

- The design, layout and furnishings of the premises supported people's individual needs. The premises were homely and comfortable with a range of communal areas so people could spend time alone or with others, depending on their preferences.
- People said they liked how the premises looked. A person told us, "It suits me. It's gorgeous how it looks."
- People were able to access a range of communal areas, including a space that had been adapted into a bar and a place to grow their own flowers and vegetables.

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 MCA 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 make 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were.
- We found staff had failed to record one person's consent to the restriction of a locked front door, where they had mental capacity. The registered manager took immediate action and documented the person's consent during the inspection.
- Staff knew how to support people in making decisions and how to facilitate giving them choices in their day to day lives. They took the required action to protect people's rights and ensure people received the care and support they needed.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and kind. They continually interacted with people and checked they were comfortable and happy.
- A relative told us, 'A brilliant place, [person] has never been so happy. I think it's because the carers actually care, they talk to [person] and get [person] involved. These people have time for [person] and [person] appreciates that.'
- Staff were observant and quick to respond to people's needs. For example, a staff member saw a person might be cold so offered them a blanket. Another person appeared restless, so staff spoke with them and identified they wanted to go to their bedroom, so they supported them to go there.
- If people needed to go into hospital a staff member accompanied them and stayed with them, including overnight, if necessary, to ensure they felt safe and reassured. They advocated for them with hospital staff to enable their views could be heard.

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

- Staff liaised with people and their relatives and support networks to ensure they had the support they needed to make decisions about their care and support.
- Staff gave people choices in all aspects of their lives. They used people's preferred methods of communication to let them know their options. They were also able to anticipate people's needs as they knew them well.

Respecting and promoting people's privacy, dignity and independence

- People's bedrooms were personalised. A person showed us their bedroom and pointed out their favourite items in it. They said, "I've got my own TV and I like watching sport on it."
- Relatives felt staff treated their family members respectfully. One relative told us, "[Person] is treated with dignity and respect, as far as we are concerned [Hayes Close] is the best place [person] has ever lived."
- Some people enjoyed the privacy of their bedrooms and staff supported them to spend time alone safely. For example, they checked on a person who was in their bedroom every half hour and told them what was happening in the service in case they wanted to join in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- Staff understood people's needs. A staff member explained in detail how they met a person's mobility needs and ensured transfers were done safely using the right equipment. A visiting professional said staff knew people well and always updated them if people's needs changed.
- Staff followed people's support plans to ensure they received the care they needed.

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.

- People had communication care plans which set out their communication preferences. Staff gave us examples of how they communicated with people using different techniques depending on their needs. For example, one person needed verbal information repeated several times so they could absorb it, and staff did this patiently to ensure the person understood.
- A visiting professional told us staff understood people's different styles of communication and assisted them in their interactions with people which resulted in more effective communication.
- The service had a range of resources to help ensure people were able to communicate their views. Various communication methods were used, such as Makaton, to support people to make choices and enable their views to be heard. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities and/or communication difficulties.

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

- Staff supported people to be active and take part in community events. A person said, "We go on the bus [service's minibus]. We go for picnics in the park. We've been to the circus. The staff take me to see my [relative]."
- Gardening was popular with some of the people using the service. A person said, "I've got a shed in the garden which I like. I like gardening here." They showed us the vegetables and flowers they and other people were growing.
- We received positive feedback from relatives about activities and social events at the service. One relative told us, "Last year there was a summer fete, and all family were invited". Another relative said, "They bring [person] to visit us. [Registered manager] will call and say they are going out to different places, they always let the family know what is going on."

- The registered manager and staff members had recently arranged a holiday to the seaside for some people. They used the service's vehicle for travel and accompanied people on trips out and visits.

Improving care quality in response to complaints or concerns

- The service had a written complaints procedure and an easy read complaints procedure that used symbols and words for people. We found some information was incorrect about who dealt with complaints. We informed the registered manager who updated the complaints procedure with the correct information.
- Staff supported people to raise issues and concerns. People had access to an easy read document called "How you can make a complaint" which explained all aspects of raising concerns in an easy read format.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Staff had the training and experience to provide this type of support if required.
- People were supported with their emotional wellbeing in the event of a death of another person, this included objects and pictures to remind them of a person if they choose to.
- The provider had open conversations with people and relative to ensure their end of life wishes were met. A relative said, "We recently attended [Hayes Close] to discuss advanced care planning and end of life plans."

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.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained 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

- The registered manager and provider had multiple systems and processes in place to monitor the safety and quality of the service. Whilst some of these were effective, we found health and safety and environmental audits were not always effective in identifying risks to people.
- A provider's audit, carried out in May 2022, stated 'COSHH stored all in the laundry within locked cupboards behind locked doors'. However, there were no lockable cupboards in the laundry room, therefore hazardous substances could not have been stored in the way the audit detailed.
- During the inspection, records were difficult to access due to multiple systems being in use. In addition, some records had been updated whilst others had not. This meant governance processes were not always effective and did not always identify issues found during the inspection.
- Since our inspection visits, the registered manager made improvements. Action was taken to address the concerns identified in this report, including safe storage arrangements and the implementation of a new electronic care planning system.

We recommend the provider reviews systems and processes at the service to ensure they are being operated effectively to ensure compliance with the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The premises were homely and welcoming. There were photos of staff in the entrance hall so people could identify who was who. The service's previous inspection report was on display for people to read.
- People said they were happy at the service. A person said, "I like it here because there's always people around." Another person said, "The staff and the residents are all very nice and I fit in here." People knew the staff well and identified their roles at the service. A person said, "[The registered manager] is the main one. I'd go to her if I had a problem."
- A visiting professional said the staff were 'welcoming and accommodating' and knew how to keep people safe at the service.

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

- The registered manager and staff understood their responsibilities to be open and honest with people

when things went wrong.

- The registered manager submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was small, and people were involved in its day to day running and encouraged to make choices about meals, activities and decorations. The registered manager and staff consulted with people regularly to get their views on the service.
- The provider used annual surveys to get the views of people, relatives and staff. Responses were limited; however, they were generally positive.
- Relatives said the registered manager and staff called them to discuss the service and provide updates. They also received updates via social media, which one relative said, "[It's] really useful for keeping in touch."

Continuous learning and improving care

- The provider's assistant director, who had oversight of the service, was a learning disability specialist who provided support and guidance to the registered manager and staff which included service-specific training courses.
- The provider undertook comprehensive audits which identified areas for improvement and provided an action plan for the registered manager.

Working in partnership with others

- The staff worked in partnership with other health and social care professionals including social workers, occupational therapists, physiotherapists, and GPs. This meant people had the support they needed to ensure all their health and social care needs were met.
- The service worked with commissioners from the local authority who monitored the service and worked with the registered manager to bring about improvements.