

Thackray Care Services Limited

# Rushley House Retirement Home

## Inspection report

327 Lancaster Road  
Morecambe  
Lancashire  
LA4 6RH

Tel: 01524417405

Date of inspection visit:  
03 March 2022

Date of publication:  
30 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Rushley House Retirement Home is a residential care home registered to accommodate up to 13 people in need of personal care. Accommodation is provided over two floors with single rooms. On the day of the inspection, there were 12 people living at the home.

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

Improvements had been made around recording issues seen at an earlier inspection and this meant we were assured staff were supporting people in a caring and sensitive way. People's needs and requirements were properly recorded in care records.

There was no formal activities programme and an absence of records around people's wishes in this area. Although there were some activities taking place, people did not always have access to a range of activities and we have made a recommendation about this in the 'Responsive' section of the report.

Infection, Prevention and Control (IPC) processes were thorough. We were assured about the service's ability to mitigate the transmission of infections.

Safe visiting processes were in place to ensure people could see visitors when they wished and could maintain relationships that were important to them. There had been no recent complaints but we were assured any would be dealt with appropriately.

People told us they felt cared for and were happy with the service they received. Relatives said staff were kind and caring and treated their loved ones well. At inspection, we noted good interactions between people, management and staff.

Care plan records provided a guide to staff to help people to retain their independence and receive support with minimum risk to themselves or others. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Where people's needs could not be met, the home worked well with others to ensure people were appropriately supported.

People were supported to live healthy lives and had access to health and social care professionals.

The home worked in partnership with other organisations to provide effective and consistent care. 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.

People were treated as individuals which helped protect their dignity. Their equality and diversity needs were respected by a caring staff team. Staff understood the importance of giving people their time and the

importance of encouraging people to maintain their independence.

People were happy with the way the service was managed. People's views and opinions of the service were sought and acted on.

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

#### Rating at last inspection

The last rating for this service was 'Requires improvement' (published 24 October 2020). Although that inspection noted improvements from an inspection in 2019, the overall rating remained the same. The earlier inspection was published on 26 April 2019.

At our inspection in 2019, we made recommendations in three areas. These were -  
Improving on staff record keeping which did not always show they responded in a caring manner.  
Records not always reflecting people's needs.  
The service not always supporting people to take part in a range of activities.

At this inspection, we found the provider had acted on recommendations on the care plan recording issues and improvements were seen. However, it had not acted on the recommendation related to activities and we did not note any improvement. A further recommendation on this can be seen within the 'Responsive' section of this report.

#### Why we inspected

This inspection was carried out to follow up on improvements we told the provider to take at the 2019 inspection. As a result, we undertook a focused inspection to review the key questions of 'Caring', 'Responsive' and 'Well-led'. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control (IPC) measures in the 'Safe' domain but have not provided a rating for this key question. It was considered in detail at the 29 October 2020 inspection and there were no grounds to look at it in detail at this inspection. We look at IPC measures 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. We were assured in all areas and appropriate IPC measures were in place.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rushley House Retirement Home on our website at [www.cqc.org.uk](http://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?

Further information is in the detailed findings below.

**Inspected but not rated**

### 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# Rushley House Retirement Home

## **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 we can share with other services.

#### Inspection team

The inspection team consisted of an inspector.

#### Service and service type

Rushley House Retirement Home 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 March 2022 and ended the same day.

### 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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

### During the inspection

We spoke with four people who used the service. We spoke with two relatives about their experience. We spoke with two members of staff including the registered manager and a senior care worker. We also spoke with a provider representative who was a director of the provider company. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed two care records. We also considered a variety of records relating to the management and governance of the service.

We looked around the home in both communal and private areas to establish if the environment met the needs of people who lived there.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

### Staffing

- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures

How well are people protected by the prevention and control of infection?

- 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 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.
- The provider followed guidance and best practice around people visiting the home.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 inspection in 2019 we rated this key question 'Requires improvement'. At this inspection the rating has changed to '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 treated people with care, patience and kindness. At the last inspection, some records did not show staff responding in a caring manner. We made a recommendation the provider seek guidance around this issue. At this inspection, language used in daily notes and care plans was respectful and recorded in a positive manner.
- We observed warmth from staff and management towards people and conversations were friendly and appropriate. We observed staff taking time to stop and offer kind words, encouragement or reassurance to people. It was clear management staff knew people well and had good relationships with them and their families.
- People told us they liked the staff team and registered manager. One relative said, "There is really good care and support here. My relative is treated with respect."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, one person enjoyed reading and reminiscing about their time in the Army. The registered manager made sure relevant books were provided by the local authority library service.

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

- The registered manager and staff team involved people in decisions about their care. Where appropriate, relatives were also involved in these decisions. One relative said, "They [staff] always keep me informed and seek my view if something changes."
- People had choice and control in their day to day lives. There were informal residents' meetings where people were encouraged to provide their views on the running of the home. The registered manager said they would start to record these meetings so people and staff could refer to them to ensure any goals were met.
- If people could not make day-to-day decisions, staff could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives, were unavailable.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team was knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. People were dressed appropriately in suitable clothing and footwear.
- The service ensured people's care records were kept securely and only authorised staff could access them.

# Is the service responsive?

## Our findings

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

At our inspection in 2019 this key question was rated as 'Requires improvement'. The rating for this key question has remained 'Requires improvement'. This meant people's needs were not always met.

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

- Although the service helped people to avoid isolation and maintain contact with friends and relatives, it did not always support people to take part in a range of activities. We made a recommendation about this at the 2019 inspection. The registered manager said issues in dealing with the COVID-19 pandemic had hampered development in this area and the position at this inspection was similar to that at the 2019 inspection.

We recommend the provider seeks and records the views of people around activities and what is important to them in this area. Good practice guidelines should be followed to ensure people are provided with meaningful activities and stimulation.

- We observed visits by relatives in accordance with safety guidance. Visitors also told us they felt welcome and appreciated by management and staff.

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

- People's care and support was centred around their choices and preferences. At the 2019 inspection, we made a recommendation around records not always reflecting people's needs. At this inspection, improvements had been made. People's care plans were regularly reviewed and updated when people's needs changed. For example, we noted they provided essential information such as guides to staff about why a person may act in a certain way and how to manage a person's challenging behaviour.

- The registered manager and staff understood people's needs and encouraged them to make decisions about their daily lives. A relative said, "My relative is allowed to have anything from the kitchen when they don't fancy what's on the menu. They always accommodate her."

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.

- The registered manager assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it.

- We observed staff and the registered manager taking time to communicate effectively with people and repeating information when necessary. This meant, on a day to day basis, management and staff ensured people's communication needs were met. One relative said, "My relative is regularly supported to speak with me on the phone. They are getting a bit old now and occasionally need help."
- The registered manager could provide people with information in alternative formats in a way they could understand.

#### End of life care and support

- Where appropriate , the registered manager discussed and recorded people's end of life care wishes, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

# 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 the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- On occasions, the effectiveness of the provider's systems to monitor and oversee the quality of the service could be variable. For example, they had not been effective in addressing the concern around activities in the 'Responsive' section of this report. Although it was accepted arrangements in dealing with the COVID-19 pandemic were likely to interfere with improvements in this area, this inspection was the second time a recommendation had been made on this point.

- The registered manager and staff were clear about their roles and responsibilities. Their practice, and day to day management of the home served to advance the best interests of people and supported staff in achieving this goal. People and their relatives told us the registered manager was visible, approachable and supportive.

- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

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

- People received person centre care and support. Th plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.

- Feedback from people and relatives we spoke with was positive. One person said, "It's a family atmosphere here. We are really well looked after and supported by the manager and staff."

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 told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed.

- Where appropriate, referrals and notifications had been made to the local authority and CQC. There was an on-call system so that staff had access to support from the registered manager in the event of an unforeseen incident.

- The registered manager said they would offer an apology, where appropriate, in the event of any safety concern. All of this indicated the principles behind duty of candour were recognised within the culture of the service.

#### Working in partnership with others□

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals.
- We noted the provider was involved in developing a digital system for care planning and recording. The registered manager said this would allow staff to access accurate information quickly and provide it to health care professionals. This showed the provider was committed to working positively with others to help provide for people's care and support needs.