

Rushcliffe Care Limited

# Matthews Neurorehab Unit

## Inspection report

Epinal Way Care Centre  
Epinal Way  
Loughborough  
Leicestershire  
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Date of inspection visit:  
19 August 2020

Date of publication:  
21 September 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Matthews Neurorehab Unit is a care home providing accommodation, nursing and personal care for up to 38 people. At the time of the inspection 27 people were using the service.

Accommodation is provided over two floors with passenger lifts for access. All bedrooms are ensuite and there are a range of communal areas including lounges, dining rooms, and accessible garden areas.

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

People and relatives told us the service provided good quality personalised care and support. A person said, "I get really good care and the staff do things the way I want them done." A relative told us, "I can't fault the staff, they're so helpful. I feel reassured my [family member] is safe and well-looked after."

Some people's care records needed improvement as they contained unclear and contradictory information and gaps. Despite this, staff understood people's care and nursing needs and how to reduce the risk of them coming to harm.

The service was well-staffed with enough care and nursing staff on duty to meet people's needs. Staff ensured people had their medicines on time.

The premises were clean and hygienic. Staff understood how to prevent and control infections and systems were in place to support this. Staff wore the correct PPE in line with government guidelines.

The service had a caring and positive culture. The registered manager listened to people, relatives and staff and addressed any concerns they might have. The service was multicultural, staff welcomed and supported people from a range of cultural backgrounds.

The provider's system of audits and checks covered all aspects of the service. Some audits were being reviewed and improved to ensure they were fit for purpose and involved the people using the service.

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

### Why we inspected

This was a focused inspection based on concerns we had received about the service. These were in relation to people's care. As a result, we undertook this focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service

has stayed the same. This is based on the findings at this inspection.

At the time of our inspection the local authority and other agencies were carrying out a safeguarding investigation into care at the service. This had not been concluded at the time this report was written.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Matthews Neurorehab Unit on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Matthews Neurorehab Unit

## 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.

#### Inspection team

The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Matthews Neurorehab Unit 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

The inspection was unannounced although we did contact the registered manager from the car park when we arrived to ensure it was safe for us to visit and that no-one at the service was unwell due to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We reviewed information received from the local authority.

During the inspection

We met three people using the service and one relative. We spoke with eight relatives by telephone. We spoke with the registered manager, two nurses, one support worker, the administrator, and the maintenance person.

We looked at records relating to the safety and governance of the service including accidents and incidents, medicines, staffing, and quality assurance. We sampled eight people's care and nursing records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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

- People were at risk of receiving unsafe or inconsistent support. Some people's care records needed improvement as they contained unclear and contradictory information and gaps.
- There were recording gaps in one person's turning charts and contradictory instructions in their care plans as to how often they should be turned. This meant staff did not have clear guidance on how often to turn the person to meet their needs and reduce risk of skin damage.
- The same person required staffing levels were contradictory. Care plans said they needed two staff to assist them to mobilise in some situations, and four in others, and it was not clear why this was.
- A person's BMI (body mass index) was recorded without considering their height (which we were unable to find a record of), so it was unclear how the final figure had been arrived at.
- A person's records said they should have half hourly 'safety checks'. There were no records of these being carried out, although there were records of other regular interventions, for example 'repositioning'.
  - Two people's mattresses needed their pressure adjusting as, according to care records, the settings were not correct for the recorded weight of the people using them. This could compromise the efficacy of the mattresses.
- The registered manager was aware that some care plans needed improvement and was addressing the issue (which had been exacerbated by staff shortages and other effects of the COVID-19 pandemic).
- A new system was in place where each nurse was responsible for three people's care records and had designated time on their rota to complete these. In addition, a new audit system for care plans was being developed to ensure any shortfalls would be promptly identified and addressed (see Well-led).

### Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. A person told us, "The staff make me feel safe." Another person said, "There are always staff around and they always come and help me when I need them to."
- Relatives told us the staff provided good quality, safe care. They said vigilant staff, regular welfare checks, and a safe and secure environment helped to ensure people's safety. A relative said, "I know staff pop their head round [person's] door every 20 minutes or so."
- Staff were trained in safeguarding and knew what to do if they had concerns about the safety of any of the people using the service. They also knew how to escalate concerns if they thought they weren't being addressed.
- The registered manager and staff followed the provider's safeguarding policies and procedures. They reported concerns to other agencies as required. The provider and registered manager audited safeguarding records to help ensure people had been protected.

### Staffing and recruitment

- The service was well-staffed with enough care and nursing staff on duty to meet people's needs.
- People and relatives were satisfied with staffing numbers at the service. A person said staff responded when they used their pendant alarm. They said, "I ring it once for the staff to come but if it's an emergency I ring it twice and they come straight away."
- A relative said, "I'm really happy with the staff there. I appreciate there are a lot of people who need a lot of care, but I can't say they are short of staff [...] you don't hear buzzers going very often."
- Relatives said the staff were qualified, respectful and caring. Two relatives said their family members got on better with the permanent staff because they had built up a rapport with them. The registered manager said the service only used agency staff when no permanent staff were available.
- Staff said staffing levels at the service were good. A care worker told us, "There's enough staff to help people when they need it."
- The service has adopted a values-based recruitment process in collaboration with Skills for Care (an organisation that sets standards and qualifications for social care workers). This helps to ensure the staff recruited had the right values about respect, diversity and dignity. Staff followed the provider's safe recruitment practices.

### Using medicines safely

- People and relatives were satisfied with how medicines were managed. A person said, "The staff do a good job with my medicines. [They] bring them when I need them which is four times a day."
- People's preferences for how they wanted to take their medicines were recorded and followed.
- A relative said staff used creative strategies to encourage a person to take their medicines and these calmed the person and were effective. The relative said, "It's what I would do if I was there."
- We observed part of the medicines round and medicines were administered safely. The medicines room was well-organised, and medicines records in good order. Where necessary, people had care plans in place for their PRN ('as required') medicines to ensure they received them as required.
- Improvements were needed to some areas of medicines management. A person stored oxygen in their room but there was no sign on the door to indicate this which could pose a risk in the event of a fire. Another person had a date-expired inner cannula amongst their medical equipment which if used would not be fit for purpose. The registered manager said these issues would be addressed.

### Preventing and controlling infection

- People and relatives said staff kept the premises clean. A person told us, "The home is clean, the night staff clean my wheelchair." A relative said, "I have always found the home clean. I have noticed spillage occasionally and [it was] immediately cleaned by staff."
- Relatives said IPC (infection prevention and control) procedures had increased due to the COVID-19 pandemic. A relative told us how the gym was kept safe, "One in and one out, with stringent cleaning in between. I am confident with all the procedures they have in place."
- A relative who had recently visited said, "All distance was observed, and masks worn, and it was spotless, so we felt it was all OK."
- Staff had extra training in IPC in response to the pandemic. There were IPC stations throughout the service and staff had the PPE (personal protective equipment) they needed. Staff said they were satisfied the service's IPC measures were safe.
- Area of the premises we saw were cleaned to a good standard and tidy. People's nursing equipment was also clean and in good order, although one person's night bag stand was not capped. The registered manager said he would address this.
- Relatives said staff kept them informed of IPC in relation to COVID-19. A relative said, "Very early on in COVID times the [registered] manager rang me and said this is what's happening and informed me of testing, what was to happen if staff or residents had symptoms, and what the procedures were to help keep



everyone safe."

Learning lessons when things go wrong

- Staff recorded accidents and incidents and the actions taken in response to reduce risk and ensure people were safe. Learning was shared with staff at meetings and through one-to-one reflective supervision sessions.
- Earlier this year, during the COVID-19 pandemic, there were some staff shortages and one critical incident involving a lack of staff. In response the service reviewed its staffing contingency plans and made improvements to help ensure future staffing levels and skills were fit for purpose.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said the service had a caring and person-centred culture. A person told us, "[The staff] genuinely care for us, they care for us more than they care for themselves."
- A relative said, "I have always been impressed with the care I've witnessed when visiting. Residents with 'challenging behaviour' are always met with great understanding, care and flexibility. [There are] never raised voices, loud noises or buzzers constantly going."
- People and relatives said the registered manager was approachable and proactive. A person said, "[Registered manager] is always here, he gets stuff done, he's nice." Another person said, "[Registered manager] is approachable, he sorts things out if I have a problem and does it quickly. If I want to see him, he comes up straight away."
- The service was multicultural, and staff welcomed and supported people from a range of cultural backgrounds. A relative praised the staff for meeting their family member's language needs which 'helped with the [person's] rehabilitation'.
- Relatives told us the quality of the care had a positive effect on people's wellbeing. A relative said their family member had had fewer infections and fewer admissions to hospital since the registered manager took over.
- Another relative told us how staff had got to know their family member. They said, "They have always asked us questions about their history, likes and preferences and they use this information to make [person] laugh or distract them with a song [person] knows and loves."

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

- The registered manager said the frequency of some audits had reduced due to the pandemic, but audits were now getting back on track. The provider's audit system included daily, weekly and monthly audits covering all aspects of the service.
- Audits showed staff acted if they identified any shortfalls. For example, an audit in May 2020 showed that the side rail on a person's bed was not working. This was promptly repaired, and the service's maintenance person showed us the side rail in action and working effectively.
- Some audits were being reviewed and improved. For example, the tissue viability audit partially relied on people's views, and not all the people using the service were able to contribute. The registered manager said this issue was being addressed.
- The care plan audit had been rigorously reviewed and improved and a new, draft audit had been

submitted to the provider for approval. This will help to ensure that care plans are robust and provide staff with consistent and accurate advice and instructions.

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 notified CQC and other relevant agencies when something went wrong at the service.
- The registered manager investigated accidents and incidents, where appropriate, and shared the findings with CQC and others involved in people's care and support.

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

- The service sent out annual quality assurance questionnaires to people and relatives. The next survey was due to take place in September 2020.
- Most relatives said staff communicated well with them. A relative told us, "Anything we need to know we just call and ask. They [the staff] seem very knowledgeable and helpful. The [registered] manager is very helpful. Two therapists have called me to update me. The nursing staff call me too, so I feel well informed."
- Another relative said staff provided regular updates when their family member was unwell and hospitalised. They told us, "On his return the ambulance staff said they'd never seen such a welcome home like it." A further relative told us, "They keep me informed. They call me, send texts and [use] WhatsApp to show [person's] progress in the gym."
- Relatives said the registered manager listened to them and addressed any concerns they might have. A relative told us, "[The registered manager] always allows me time to discuss [family member's care] and make changes if necessary." Another relative said, "I've never had to complain but if I did I would call, the [registered] manager. He gave me his mobile number. He is very good with [family member] too."
- Staff said their induction and training meant they could carry out their roles effectively. They said additional support and training was available if they needed it and the registered manager was supportive and approachable.

Continuous learning and improving care

- Parts of the premises had been improved. A relative said, "I think the communal areas are kept quite nicely decorated. The downstairs and dining room have been redecorated but not the bedrooms." Another relative told us, "The home is in good repair. The unit hallways were redecorated."
- The service had a programme of ongoing improvement. Since our last inspection the following improvements have taken place: improved safeguarding training for staff; individual speech and language therapy sessions; people involved in recruitment; signage made more accessible; other improvements.

Working in partnership with others

- The service worked with the local authority and CCG (Clinical Commissioning Groups) to review and improve people's care. Local health care professionals supported people with their medical needs where necessary.
- A relative said they would like 'family review meetings', where people get together with those involved in their care to discuss progress, to be reinstated at the service. The registered manager said these were halted due to risks associated with COVID-19 and would begin again once it was safe. He said some meetings had continued using social media, but he understood that not everyone's family had access to this.