

Methodist Homes Rushden Park

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rushden Park is a nursing home providing personal and nursing care to up to 68 people in one purpose-built building. At the time of our inspection there were 35 people using the service.

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

Improvements had been made in relation to identifying and managing risks to people. However, further development was required. Daily checks completed by the management team had not always identified areas of improvement and potential risks to people.

People's care plans had improved detailing people's likes, dislikes and preferences however, people's communication needs were not always recorded. We have made a recommendation about meeting the communication needs of people with a disability or sensory loss.

Staff had received training in safeguarding and understood the signs of abuse and how to report any concerns. The provider and manager had recruited more staff since the last inspection. Staff told us the increase in staffing levels meant they had more time to support and talk to people. Records showed there had been a reduction in accidents and incidents since the last inspection.

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.

Staff had been provided with training to ensure they had the relevant skills and knowledge to carry out their roles effectively. People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink.

People we spoke with told us that staff were kind and caring and we saw staff respected people's privacy and dignity. Improvements had been made to ensure people did not suffer from social isolation. We observed people spending time in the communal areas and accessing the community. People's care records showed they were supported to access health care services and professionals where required.

Systems were in place to record and monitor complaints from people and/or their relatives. Regular meetings had been put in place to give people and their relatives the opportunity to provide feedback on areas of improvement within the service.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 7 April 2023) and there were multiple breaches of

regulation. At this inspection we found improvements had been made and the provider was in continued breach of 1 of the regulations.

This service has been in Special Measures since 7 April 2023. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

At this inspection, we have identified a continued breach in relation to governance and oversight and we have made a recommendation about meeting the communication needs of people with a disability or sensory loss.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Rushden Park

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 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 Expert by Experience's. 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

Rushden Park 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. Rushden Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they had been absent from the service since our last inspection. The provider had deployed a manager from another service to oversee the delivery of the regulated activities at this location in the registered manager's absence.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 7 relatives about their experience of the care provided. We spoke with 14 members of staff including the regional director, the manager, the deputy manager, the clinical nurse lead, nurses, care workers, housekeeping and maintenance staff and the chef.

We reviewed a range of records. This included 6 people's care plans, medicine records and daily care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. 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; Using medicines safely

At our last inspection the provider had failed to assess, monitor and mitigate risks to people's health and safety and ensure the proper and safe management of medicines. This was a breach of regulation 12(1) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Further action was required to ensure staff understood and identified potential risks to people. During the inspection, the inspectors observed staff placing furniture, such as chairs and tables, on crash mats next to 2 people's beds to support people with eating and drinking. This meant the furniture was unstable and placed people at potential risk of harm. This was brought to the attention of the management team to address.
- Risks to people using manual and electric wheelchairs had not been assessed to ensure any potential risks to people were mitigated. The provider advised inspectors this would be put in place following the inspection.
- Following our last inspection, most risks to people had been identified and addressed with action taken to mitigate such risks. For example, people at risk of pressure sores were supported regularly by staff to relieve pressure on their skin and were provided with specialist equipment, such as an air mattress, to reduce the risk of pressure sores developing.
- The provider had deployed a clinical nurse lead to support staff in the management of catheters to ensure risks to people were reduced. During this inspection we observed improvements had been made in relation to catheter care and systems were in place to identify and manage any risks to people.
- Following the last inspection, the provider deployed a clinical nurse lead to support nursing staff in ensuring people who received their medicines via Percutaneous endoscopic gastrostomy (PEG) received them safely and as prescribed. Records showed staff administered people's medicines via their PEG as per external professional guidance.
- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed. People told us staff supported them with their medicines. One person said, "I take quite a lot. I get them first thing in the morning, and at night." Medicines were ordered, administered, stored and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes to safeguard people from the risk of abuse were used effectively. This was a breach of regulation 13(1) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since the last inspection, the provider deployed a safeguarding lead to ensure all safeguarding concerns that had not been reported appropriately at the time of the last inspection were reported and investigated. The safeguarding lead provided staff with guidance and support on reporting concerns and protecting people from harm and abuse.
- The provider had policies and procedures in place to safeguard people from abuse. Since the last inspection, referrals had been made to the local authority safeguarding team and investigations had been completed by the manager where required.
- People and relatives we spoke with told us they felt safe at Rushden Park and had no concerns about their safety.
- Staff had received training and understood the signs of abuse and how to report any concerns. Staff told us they felt more confident to raise concerns with the manager and felt listened to. A staff member told us, "Incidents reported are taken seriously by [the manager], she speaks with us [staff] and the resident. Everything is done openly, and we [staff] know action was taken".

Staffing and recruitment

At our last inspection the provider had failed to ensure they had enough suitably trained staff to meet people's needs. This was a breach of regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager used a tool to calculate staffing numbers required to meet people's needs. People we spoke with told us they felt there was enough staff to support them, however, we received mixed feedback from people's relatives who felt that there was not enough staff to answer calls bells promptly, support people out of bed and support people who needed further encouragement with drinks. This feedback was discussed with the management team to follow up and address.
- During the inspection, we found there was enough staff to meet people's needs and keep them safe.
- The provider and manager had recruited more staff since the last inspection. Staff told us the increase in staffing levels meant they had more time to support and talk to people. A person told us, "There's more staff now that there was when I came here, that's why I can do my daily exercises." Another person said, "Staff have time to talk to me which is nice."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- There were no visiting restrictions in place at the time of inspection. People's friends and families visited the service.

Learning lessons when things go wrong

- Since the last inspection, the provider and manager ensured accident and incidents were reported appropriately and monitored to identify any trends, themes, and patterns. Where lessons had been learnt, action had been taken to reduce the chance of re occurrence. This included updating people's care plans and risk assessments and seeking advice from other health and social care professionals.
- Accident and incident records showed there had been a reduction of incidents such as injuries and falls since the last inspection. There was effective oversight at provider and manager level to ensure areas of improvement were identified and addressed.

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 inadequate. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicines and personal hygiene. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- Staff had received training and demonstrated an understanding of the MCA. One staff member said, "Even if a resident lacked the ability to make decisions, I personally still ask them minor questions regarding a drink they want or an item of clothing."
- The provider worked within the principles of the MCA and since the last inspection, the manager had implemented systems to monitor people's DoLS applications, authorisations and conditions.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure they had enough suitably trained staff to meet people's needs. This was a breach of regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Following the last inspection, the provider deployed a dementia lead to develop staff skills and knowledge relating to supporting people living with dementia. This included understanding and responding to distressed behaviour.
- Staff had been provided with training to ensure they had the relevant skills and knowledge to carry out their roles effectively. This included providing nursing staff with training in catheter care, bowel monitoring and PEG. The management team then conducted competency assessments to ensure staff were competent to carry out their roles and meet people's needs effectively and safely.
- The provider had an induction process in place and newly employed staff had received an induction when they joined the service which included time spent shadowing experienced staff members.
- People we spoke with told us they felt staff had the training to carry out their roles. One person said, "They [staff] know what they are doing."
- Staff told us they had received the training to carry out their roles confidently. One staff member said, "We have a lot of training that I feel has been very beneficial and after being a carer for almost ten years I still feel there is always something to learn. I do feel confident in my role, I feel confident enough to be able to guide new colleagues. We have had a lot of new training since the last inspection, most of it face to face as well which is much better."

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

- The provider had systems and processes in place to assess people's needs prior to them moving into the service. The assessment process was carried out by management and nursing staff to ensure people's needs could be met.
- Following the last inspection, people's care plans had been reviewed and updated with the support of an internal quality improvement manager. People's care plans and risk assessments were reviewed monthly by nursing staff to ensure people's current needs were reflected and updates made where required.
- Staff used nationally recognised tools and guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition.

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

- People's dietary requirements were assessed and recorded in people's care plans. Kitchen staff and care staff were aware of people's dietary needs and preferences. We observed staff supporting people with their drinks and meals where required and in accordance with their assessed needs.
- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Staff kept records of people's food and fluid intake which were monitored by nursing staff and where required, referrals to the appropriate health care professionals for guidance and support.
- People told us they enjoyed the meals provided and were offered a choice. One person said, ""Food it very nice, there is a choice and puddings are very, very nice". Another person told us, "I'm vegetarian and I'm quite happy with the choices offered. I don't have any concerns about the food choices."

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

- Improvements had been made to the environment since the last inspection. This included the completion of the refurbishment of the communal areas such as dining spaces and lounge areas. New signage had been

implemented with the involvement of people living at the service with each corridor given a name to support people to orientate themselves around the home.

- Since the last inspection, the provider had implemented new equipment to meet people's needs such as replacement recliner chairs and air flow mattresses.
- People had access to a well presented and secure garden which staff had volunteered to maintain. The provider had improved the access to the garden to ensure people could do this independently and safely. Inspectors observed people accessing the garden regularly during the inspection days.

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

- People's records showed they were supported to access health care services and professionals where required, such as tissue viability nurse, parkinsons nurse, speech and language therapists and dietitians. The advice and guidance from healthcare professionals were included in people's care plans and staff followed these.
- Staff ensured people's needs were detailed on an 'emergency grab sheet' to ensure the emergency services had the information they required to enable a timely transition to hospital, if required.
- Staff worked closely with the local GP practice and the GP visited the home on a weekly basis to assess and review any people alongside nursing staff.

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 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

- People we spoke with told us that staff were kind and caring. One person said, "Staff are very good, very nice, all very pleasant, even high up staff are very nice." Another person said, "They [staff] talk nicely to me." A relative told us, "The staff are generally kind and caring and it has got better lately."
- During the inspection we observed staff speaking to people with kindness and respect however, we did observe that some staff did not always speak to people when supporting them. For example, we saw staff supporting someone using a hoist and neither member of staff spoke to the person whilst supporting them. This was fed back to the management team at the time of the inspection.

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

- People we spoke with could not recall seeing or being involved with the planning of their care and feedback received from people's relatives confirmed this. One relative said, "I have never seen [person's] care plan and we have had only 2 review meetings in the 5 years [person] has been a resident." Another relative told us, "No have not seen [person's] care plan and definitely not had a care plan review." This was fed back to the management team to follow up and address.
- Staff supported people to make everyday choices about their care and support. Feedback from people and their relatives confirmed this. One relative said, "Yes [person] does make choices about his day-to-day life. He doesn't have a good nights sleep so he goes to bed late to suit his routine."
- Information was made available on advocacy services to support people to express their views. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity whilst supporting them with personal care. We saw staff knock on people's bedroom doors before entering and bedroom doors were closed when people were being supported.
- Staff told us, "We [staff] knock before going in rooms, shut curtains, close the doors, keep people covered where we can, and we tell people what we are about to do and ask if that's ok." Another staff member said, "During personal care we [staff] will talk the resident through what is about to happen. We will then close the curtains and turn the light on. Once the resident is fully undressed, we will place a towel on the bottom half whilst we are washing the top half so they feel more dignified."
- People and their relatives told us staff respected their dignity and supported them to remain as independent as possible. One person told us, "I do what I can myself, they [staff] do the rest."

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 inadequate. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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; End of life care and support

At our last inspection the provider had failed to ensure care was planned and delivered in a personalised way. This was a breach of Regulation 9(1) Person-centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvement had been made to people's care plans to ensure they were personalised and reflected people's life histories, likes, dislikes and preferences. People told us staff knew them well.
- Staff were in the process of implementing a 'resident of the day' system to ensure people's needs were assessed regularly and care plans updated as required with the involvement of people and their relatives. This required embedding to ensure personalised care is sustained.
- Improvements had been made to ensure people did not suffer from social isolation. At our last inspection, people spent most of their time in their rooms, however, at this inspection we observed people spending time in the communal areas and accessing the community. Staff supported one person to house their canary birds in the reception area of the home rather than their bedroom. This meant people living at the service spent time in the area together looking at the birds.
- Staff had arranged activities and social events which people were encouraged to take part in. Details of these were included in regular newsletters to people. For example, staff worked with a charity to hire a vehicle for a week's duration to support people to access the community. We saw photos of people enjoying a trip to a local retail park. One person stated, "It was good to get out, the company was wonderful. It was magic."
- During the inspection, some staff were receiving additional training in end of life care from a local hospice.
- At the time of the inspection, no one was receiving end of life care. The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated, known as DNACPR (Do not attempt cardiopulmonary resuscitation).

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to operate an effective system to identify, receive, record and handle complaints. This was a breach of Regulation 16(1) Receiving and acting on complaints Health and

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- At our last inspection, we found concerns and complaints were not recorded and addressed appropriately to improve people's experience of care. Following the last inspection, the manager ensured any concerns or complaints that had been raised previously, were appropriately addressed with the people and relatives involved.
- Systems were in place to record and monitor complaints from people and/or their relatives. People and their relatives had access to information on how to raise a complaint both with the manager and the provider.
- We saw evidence that any concerns or complaints raised since the last inspection were dealt with appropriately in line with the provider's complaints policy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always recorded in their care plans to ensure staff had the information available to communicate with people in a way they understood.
- Where people experienced communication difficulties due to their health conditions, we were not assured staff had sought guidance and advice from relevant professionals to ensure staff had the information and tools available to them to communicate with people, such as technology. The manager assured inspectors this would be looked into.
- Further development was required in relation to staff using different formats to enable people to make decisions and choices. For example, presenting people with pictures and symbols of food choices to support people with a disability or sensory loss.

We recommend the provider considers the Accessible Information Standard and seeks relevant professional advice to ensure the communication needs of people with a disability or sensory loss are fully supported and enabled.

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 inadequate. At this inspection, the rating has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes had been implemented since the last inspection to assess, monitor and improve the quality and safety of the service. However, these needed further development and embedding to ensure the areas of improvement we found during the inspection are identified, actioned and sustained in practice.
- Daily checks completed by the management team had not always identified areas of improvement and potential risks to people. For example, inspectors found potential infection control risks such as porous surfaces in the kitchen area and a crash mat outer covering was damaged. These were potential infection control risks.
- Improvements had been made to people's care plans to ensure they were person centred. However, systems to audit people's care records required embedding to ensure this is sustained by staff with the involvement of people and their representatives. We found a care plan for diabetes which was handwritten and illegible and we received feedback from people and their relatives they had not been involved in the planning of their care. The provider informed us of their plans to move people's care records electronically by 2024.
- At the last inspection, we identified concerns in relation to staff training and knowledge. Whilst the provider had provided staff with additional training to carry out their roles, further development was required to ensure staff had the competence and knowledge to support people's needs. For example, we asked staff what they had learnt from their diabetes training including the signs and symptoms people with diabetes may present with if unwell. Staff were unable to recall completing this training and did not provide inspectors the assurance needed on how they would identify a person was suffering from too high or too low blood sugar.
- At our last inspection we found concerns in relation to staff culture. We continued to receive mixed feedback from relatives about staff attitude and we observed missed opportunities for staff to engage positively with people. The manager had introduced observations of care delivered by care and nursing staff. However, this required further embedding and developing to ensure staff engagement with people, relatives and other professionals continued to improve and embed.

The provider's oversight systems and processes required further improvements, and consistent leadership to effectively assess, monitor and improve the quality and safety of the services provided. This is a continued breach of Regulation 17(1) Good governance Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- During the last inspection, the provider deployed a registered manager from another service to support staff at Rushden Park and to make the improvements required to ensure people received safe and good quality care. We received positive feedback from people, relatives and staff in relation to the support they had received from the manager and the improvements that had been made so far. A staff member said, "The residents feel safe again and we [staff] have time to give them the care they deserve and get to grips with new paperwork and procedures, [the manager] has been a great support to staff and residents."
- Staff told us they now felt confident to raise any concerns or issues with the provider and management team and felt listened to. A staff member told us, "The staff are able to talk to [the manager] and we are listened to and supported. [The manager] always follows up on what is said and that's all the staff want." Another staff member said, "What we [staff] say matters and action is taken."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Following the last inspection, the manager set up regular meetings to give people and their relatives the opportunity to provide feedback on areas of improvement within the service.
- Newsletters had been introduced to provide regular information to people and their relatives. The newsletters included information on environmental updates, employee of the month, social events and essential information such as safeguarding and how to raise a complaint.
- The manager re visited the survey results from September 2022 to ensure the feedback received on any areas of improvement were identified and addressed. For example, people had reported they felt there was a lack of community. In response, the manager spoke with people living in the service and took action to improve the community feel within the home such as installing a bar area within a lounge to encourage people to spend time with each other. Staff told us how they were planning summer events to take place in the garden and had introduced cocktail evenings.
- The manager had introduced a suggestion box which was installed in the reception area of the home for people, relatives and staff to make suggestions on improving the service. Any suggestions received were reviewed by the manager and action taken to address, where possible. For example, someone had posted staff would like to feel appreciated. In response, the manager introduced thank you cards and an employee of the month recognition scheme. During the inspection, we spoke with a member of staff who had been awarded employee of the month and they felt very proud of this achievement.

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 provider and manager understood their duty of candour responsibilities. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Working in partnership with others

- Following the last inspection, the provider and staff worked in partnership with other social care professionals such as the local authority safeguarding team and integrated care board to improve the quality and safety of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's oversight systems and processes required further improvements, and consistent leadership to effectively assess, monitor and improve the quality and safety of the services provided.