

Rushcliffe Care Limited

The Old School House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Old School House provides care and support for up to 18 people with learning disabilities who may also have a physical disability. The home had been converted and adapted to meet the needs of the people who lived there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service met all of the regulations we inspected against at our last inspection on 1 July 2013.

Due to people's complex needs we were unable to speak with people in depth about their experiences. We carried out observations and saw that staff provided effective care that met the individual needs of the people who

Summary of findings

lived there. Staff were caring and attentive in their approaches and it was evident that they had developed an excellent understanding of people's needs and communication styles.

Relatives we spoke with were complimentary about the service provided and spoke highly of the registered manager and staff team.

Staff working at the home were positive about their role and the service. They had been appropriately recruited, trained and supported. We saw that staff provided care in a way that centred on the needs of individual people who lived there. Staff understood the vision and values of the service and provided care in a safe environment.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were

known, understood and responded to by the staff team. Risks to people's health and wellbeing were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to.

The registered manager was clear about their vision and aims for the home and had ensured this was understood by the staff team. They had continually developed and improved the service and there was an emphasis on providing a high quality service to people.

The registered manager assessed and monitored the quality of care consistently and took action whenever necessary to make improvements.

Summary of findings

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 safe.

Staff we spoke with demonstrated a clear understanding of what abuse was and how to manage and report any situation of this kind.

Risks to people's health and well-being had been identified, assessed and managed in an appropriate way and people's medicines were managed safely.

There were sufficient numbers of staff available to be able to meet the needs of people who used the service. Staff had been appropriately screened to ensure they were suitable to work with the people who used the service.

Good



Is the service effective?

The service was effective.

We saw that care was delivered effectively and in accordance with people's plan of care. People's individual health and welfare needs were met by staff who were knowledgeable and appropriately trained.

Staff understood the importance of acting in accordance with people's wishes and followed appropriate legislation when people lacked capacity to make specific decisions about their care and support.

Good



Is the service caring?

The service was caring.

During our inspection we saw staff were kind and compassionate and treated people who used the service with respect and dignity. Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Many people who used the service had limited verbal communication but staff had developed an excellent understanding of people's individual communication styles and so were able to respond and interact with people in a meaningful way.

Throughout our inspection we found examples of where the manager and staff team had been extremely thoughtful and gone to great effort to provide care and support which improved people's quality of life.

Good



Is the service responsive?

The service was responsive.

Proper consideration had been given to supporting people to engage in meaningful social activities and the service promoted people's independence and community involvement.

Good



Summary of findings

Staff had established effective ways of communicating with people which enabled them to gather people's views and act in accordance with their wishes and preferences. During our inspection we saw that staff adapted their approaches to people to meet their individual needs and responded quickly and appropriately to people.

Is the service well-led?

The service was well-led.

The service had been arranged to meet the needs of the people who used it. The registered manager had developed a positive culture in the home with an emphasis of continual improvement. The vision and values of the service were understood and supported by a highly motivated staff team.

There were effective and thorough arrangements in place to assess and monitor the quality of the service. The manager and staff team stressed the importance of providing high quality care.

Good



The Old School House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 2 October 2014 and 16 October. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with eight people who used the service and observed the care and support being delivered. We also spoke with four staff members and the registered manager. Following our inspection we contacted three people's relatives to help us understand the experiences of people who used the service.

We reviewed four people's care records including care plans, risk assessments and daily records. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service.

Is the service safe?

Our findings

Our observations showed that people were comfortable and confident with staff. We spoke with the relatives of people who used the service and they told us people were protected from harm and were confident that their family member was cared for safely. One relative told us, "He's 100% safe at the home. If they have any concerns at all they tell us asap. It's a huge weight off my mind that he's there".

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us the appropriate actions they would take to report and document any concerns they might have.

The registered manager was aware of local procedures for reporting abuse and we saw examples of where appropriate action had been taken by staff in the reporting and management of concerns about people's safety and welfare. Staff were also clear about how to report accidents and incidents. This meant that people were protected from the risk of abuse because the provider and manager had systems in place to safeguard those they supported.

Risks to people who used the service were appropriately assessed, managed and reviewed. We looked at care records and found they included assessments which identified potential risks to people's health or welfare. These risk assessments were different for each person as they reflected their specific risks and detailed the action that should be taken to minimise the risk. Staff we spoke with demonstrated that they knew the detail of these risk assessments which meant that staff were aware of how to provide people's care and support in the safest way.

People who used the service participated in their preferred activities and staff managed any risks this may have presented in a positive way.

We observed staff using the hoist to move someone from the floor to their wheelchair and saw that this had been done safely and the person was appropriately communicated with throughout.

The home had specialist equipment, such as hoists and wheelchairs, to keep the people using the service safe. We found that equipment had been appropriately maintained

and staff had received training in how to use the equipment. The home had been well maintained and adapted with consideration to the needs of the people who used it. Records showed that there had also been regular audits of water temperatures, first aid equipment and regular fire drills to ensure that the premises and equipment were safe for the people who lived there.

We found there were sufficient numbers of staff working at the home to be able to meet the needs of the people living there. We found there were enough staff available to support people with aspects of daily living, to accompany them on outings and partake in activities with them. People's care records showed that the number of staff required to support them safely during a number of activities had been considered and acted upon. The registered manager told us that staffing numbers were flexible and additional staff were used when it was necessary. For example, if someone was unwell or to support an event. Staff we spoke with felt that staffing levels were appropriate in the home.

We looked at the records of care workers and found that appropriate recruitment checks were undertaken before staff began work. This meant people using the service could be confident that staff had been screened as to their suitability to provide their care and support..

We looked at the management of medication in the home and a sample of medication records. We found appropriate arrangements were in place for the obtaining, recording and administration of medicines. All medicines, including controlled drugs, were safely stored and administered in accordance with relevant professional guidance. Records showed that people had received the correct medication at the right time.

We found that people had a medication care plan. This detailed the medication prescribed to them, the dosage, and the reason for the medication. Where people were unable to consent to taking their medicines we found that relevant guidance had been followed. Staff that were responsible for the administration of medication and had completed training in the safe handling and administration of medication. The service also carried out regular audits of the medication stored at the home to ensure it was managed in the safest way.

Is the service effective?

Our findings

People's relatives were all positive about the service and support being delivered to their family members. Relatives we spoke with confirmed they were involved in the care planning process which enabled staff to identify people's care preferences and support needs. We were told that staff knew people well and cared for them in a way that met their individual needs. One relative said, "I can't fault them" and told us about how they were always involved in the development of care plans. They also explained that staff understood their family member well and how to communicate with them. We were told that they enjoyed music in particular and so the staff team always ensured they had access to music and there were regular visits from musicians which they really enjoyed.

Other relatives we spoke with told us that their family member "had always been well cared for". Further comments included, "I can't praise them enough" and "We've always been really happy".

We observed a staff member delivering physiotherapy to a person during our visit. The staff member confirmed they had received specialist training from the physiotherapist to enable them to do this and were able to tell us about the reasons why physiotherapy was provided to this person. We found that the staff member had a good understanding of this person's care needs which was consistent with what was written in their care plan.

We looked at people's care records and found that people's needs had been assessed and care plans were developed to meet people's identified needs. Care plans contained sections about people's health and support needs and were individual to each person. We found that people's medical conditions had been taken into account in the way their care was delivered. This meant that clear and detailed guidance about how individual people's care and support should be delivered had been developed to enhance staffs' knowledge about people's support needs.

The staff were trained so they could provide effective and appropriate care to people who used the service. All staff we spoke with told us they had received sufficient training to enable them to provide appropriate care to people and records we looked at confirmed this. One staff member told us, "We have good access to training". Examples of subjects covered in staff training included moving and handling,

health and safety and communication. Staff had also received specialist training to meet people's complex health needs. For example, staff had been trained in enteral feeding (feeding through a tube in the stomach).

We found that staff also received regular support through the use of regular supervision, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

There were policies and procedures in relation to the Mental Capacity Act (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Records we looked at showed that where people lacked mental capacity to make a decision about their care or support, the proper procedures had been followed. This included carrying out a mental capacity assessment in consultation with relevant individuals and professionals. Where it had been deemed that people lacked capacity to make a certain decision, for example about their finances or medication, we found that staff had made the decision in people's best interests in line with legislation. Staff had received training in this area and were able to explain their role and responsibilities with regard to the MCA. This meant that people's legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

There were no people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager and staff team had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved.

We observed staff interactions with people some people during lunch. We saw that people were offered a choice and that specialist needs or diets had been appropriately catered for. We found that the individual support that was offered by staff was consistent with what was in people's plans of care. Staff kept a record of what people had eaten and drank so they could ensure their needs in relation to food and drink. Records showed that people had an eating and drinking care plan which detailed their individual needs as well as their preferences, likes and dislikes and

Is the service effective?

religious needs. Where people had specialist needs in relation to eating or drinking, relevant health professionals were involved. Staff we spoke with were able to tell us about people's dietary needs as well as their likes and dislikes.

The relatives we spoke with all told us that their family member's health was maintained by the staff team and that medical attention was always sought when necessary. One relative commented that staff were very aware of when their family member was experiencing a condition they

were prone to and that they always responded accordingly. Records showed that staff monitored and responded to people's changing health needs when required. For example, when appropriate we found that referrals had been made to the relevant health professional; records were kept of their advice and incorporated into people's care plans. We saw evidence that support was available for people to attend GP or hospital appointments should they require a staff member to accompany them.

Is the service caring?

Our findings

People's relatives were positive about the care and support provided and they praised the staff team highly. Comments included, "I can't praise the staff enough", "They're very, very thoughtful" and "They're absolutely brilliant". Relatives we spoke with consistently gave us examples of when the staff team had gone to great effort in providing care and support to their family member. For example, one relative told us, "When she was poorly they couldn't do enough" and explained that the service had provided a carer throughout their stay in hospital to reassure and support this person. Another relative told us about how staff had supported their family member to purchase gifts for family members which had been chosen with great care and consideration.

Our observations showed that staff treated people with dignity and respect and the atmosphere in the home was calm and relaxed. Interactions between people and the staff team were positive and staff demonstrated a genuine rapport with people who used the service. We saw staff responded to people in a way that provided reassurance, support and kindness. We saw that the staff team had an excellent understanding of people's needs and communicated in ways that would assist the person's understanding. All people using the service had a communication passport. This contained details about how best to communicate with the person to maximise their understanding. For example, some people communicated using pictures, whereas other people used objects of reference. Staff were aware of what people's communication needs were and responded to them in a caring and compassionate manner.

Many people who used the service had limited or no verbal communication but staff had developed an excellent understanding of people's individual communication styles and so were able to respond and interact with people in a meaningful way. People were not always able to communicate their needs and wishes verbally and so staff advocated on their behalf to make decisions about what they might have liked or required based on their extensive knowledge of the person. This was done by understanding what people liked or disliked, by learning about what people's vocalisations, facial expressions and body movements may have indicated about a person's mood. For example, we observed that a staff member recognised

from a change in the person's facial expressions that they were no longer comfortable in the area and they immediately responded by assisting the person to their bedroom. We were told that this person liked some quiet time away from the communal areas and staff were able to recognise this by the person's demeanour. There was detailed guidance about this in the person's care plan that staff had developed from their observations about the person and through trying different strategies to ensure their comfort.

We saw other examples of the exceptionally caring approach of the manager and staff team. For example, we observed staff using the hoist to move someone from the floor to their wheelchair and saw that this had been done safely and the person was appropriately communicated with throughout using their particular communication style.

We found that the needs of people who used the service had been put at the centre of how the service was run and care and support was individual to each person. Staff we spoke with knew people's preferences, individual communication styles and abilities and we were told how they adapted their approaches to suit people's individual needs. The information provided by staff was consistent with what was written in people's care plans. One staff member told us, "I always give people a choice wherever possible. You get to know people and recognise facial expressions...we try to work out what this means". Another staff member said, "We promote independence and want to give people the best life we can".

Staff were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes or in their best interests. They spoke positively about the support they were providing and we found them to be highly motivated to provide the best care they could. One staff member told us "I love working here, I can't imagine not. I know it's a job but you do get attached to people". Another said, "All the staff treat people how they would want to be treated", and another staff member told us the staff team aimed to improve people's quality of life.

The registered manager told us about on-going fundraising activities they and the staff team had undertaken at considerable time and effort so additional items could be purchased for the home. For example, we saw that a sensory cabin was being built in the garden with the funds raised by the staff team. This would provide an additional

Is the service caring?

space for people to enjoy and offer further sensory stimulation to people living at the home. Staff working at the home believed that people would greatly benefit from this additional facility. They had used their knowledge and understanding of the people using the service to plan a facility that would appeal to people and be enjoyed by

them. One person's relative also told us about the sensory cabin and told us that their family member "would absolutely love it". We considered that the on-going efforts of the manager and staff team to improve and develop the service in this way demonstrated a highly thoughtful and caring approach.

Is the service responsive?

Our findings

During our inspection we saw that people were engaged in activities and interests that were meaningful to them. Some people had gone to a day centre; others were taken out by the staff team to local amenities whereas other people were relaxing in their bedrooms or communal areas. Staff interacted with people in a relaxed way and we saw they gave people time to express their views and communicate. During our visit we saw one person having a foot spa, another was looking through photographs with a staff member and a third person was completing a jigsaw puzzle with staff.

People's relatives told us that the service supported people to pursue their interests, take part in social activities that were relevant to them as well as promoting their independence whenever possible. For example, we were told that people had been supported to go shopping and to restaurants, visit local attractions and go on holiday and partake in community life. We were also told that the service had supported their family member to maintain relationships with the people who were important to them and fully involved them with the person's care.

Records we looked at confirmed this information and we found that people had been encouraged to use community facilities and they regularly went to the shops, local pubs, parks and other attractions. There was a minibus available which was used to support people's access to the local community. The staff team told us about how they supported people to carry out activities they enjoyed and were proactive in suggesting additional ideas that the person may enjoy. Staff we spoke with had developed an excellent understanding of people's communication and used this information to help make decisions about how people might like to spend their time and engage with them in a meaningful way. In addition, staff told us about people's religious and cultural needs and how they supported people to celebrate religious festivals that were important to them.

Staff told us how important good communication was to people who used the home so they could interact with

people appropriately. One staff member said, "Each person has a communication passport which details how they communicate and what we believe the person is trying to say. People's behaviour is a form of communication and we need to ensure that people have the opportunity to protest".

Records we looked at showed that people had a plan of care that was individual to them. Many people who used the service had limited verbal communication and so the staff team, in collaboration with people's friends and relatives, had gathered information about the person which stated what was known or understood about the person. This included their likes, dislikes, preferred routines and preferences. This helped staff know what was important to people and be able to respond appropriately. All records also included a communication passport for each person. This document included detailed information about people's behaviours, facial expressions and other methods of communication and gave detailed information about how staff should respond and communicate with people.

The provider regularly sought the views of people's relatives through the use of questionnaires. We looked at the results of the last relatives' questionnaire and found the results were extremely positive. For example, relatives reported their family member was always well cared for, treated with respect and dignity and had a good variety of appropriate activities.

When appropriate, people's relatives had been involved in the planning and reviews of people's care. Although no one using the service had advocacy support at the time of our inspection we saw examples of where advocacy had been used in the past. The manager had an awareness of local agencies that were able to provide advocacy support if required.

The service had an appropriate complaints policy and process. At the time of our inspection the service had not received any complaints. However, people's relatives were confident that should they raise a concern or complaint it would be dealt with satisfactorily.

Is the service well-led?

Our findings

Our observations showed that all aspects of the service had been organised to meet the needs of the people who used it. Records showed there were clear systems to ensure that people were effectively communicated with and listened to notwithstanding their complex needs and difficulties in communication.

People's relatives were complimentary about the service and the registered manager in particular. We were told that the service was effective and well-run. Comments included, "it's all a credit to [the manager], she's kept that place marvellous", "[the manager] does an outstanding job" and, "I have recommended the place to others".

We spoke with the registered manager and found they had a clear vision and philosophy for the service which aimed to give people the best quality of life they could and was constantly striving to improve. We found there was a positive culture where people were included and empowered. All the staff we spoke with were highly motivated and positive about their role which could be demonstrated by their fundraising activities and commitment to developing communication with people who used the service. Staff clearly understood the values of the service, felt supported and enjoyed their work. One staff member said, "The manager is brilliant and supportive" and another told us, "It's a lovely home. People are really treated as individuals...it all started with [the manager] and the staff want this as well".

All staff we spoke with confirmed they understood their right to share any concerns about the care at the home. They were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. We found the staff team were supported through the use of

regular team meetings, supervisions and observations. The manager ensured that staff had received appropriate and up to date training that enabled them to work effectively with people's complex communication and behavioural needs. Staff consistently told us they had been encouraged to be involved in the development of the service and were asked for ideas about events or activities for example.

The registered manager monitored the quality of care provided by completing regular audits and checks of medicines management, care records and checks relating to health and safety. These audits were evaluated and created action plans for improvement where needed. The manager was constantly trying to improve the quality of service provided to people and we were shown evidence of how they had done so. For example, we found that people's individual plans were being updated so they were more accessible, funds had been raised to purchase additional items such as the sensory cabin and arrangements around medications were constantly reviewed.

People who used the service were involved as much as possible in the running of the service and their complex communication needs had been considered and taken into account. Individual communication systems had been implemented which maximised staff understanding of what people were communicating and empowered people to have their needs understood. People's relatives felt involved in the running of the service and were confident that any concern they may have would be immediately addressed and resolved by the manager.

Records showed that staff recorded incidents and accidents that happened at the home. The manager used this information to monitor and investigate incidents and take action to reduce the risk of them happening again.