

# Methodist Homes Rushden Park

## 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 ●

# Summary of findings

## Overall summary

### About the service

Rushden Park is a residential care home which was providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 68 people in one purpose-built facility.

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

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People received their care at the agreed times. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care which mitigated known risks.

People received care from staff who knew them well. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Activities were varied and people were supported to take part in as much or as little as they chose. Pastoral care and community involvement were valued.

Staff were employed using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve 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.

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 Good (published 11 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# 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 Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector, a nurse Specialist Advisor and an Expert by Experience. 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 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, chaplain, nurses, activities staff, care workers, and kitchen staff. We spoke with two professionals who were visiting the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I feel safe here, if I press my buzzer somebody comes."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. They told us they were confident the registered manager would deal with any concerns properly.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Information about safeguarding was on display for staff to refer to at any time.

Assessing risk, safety monitoring and management

- Fire safety checks were completed regularly and staff demonstrated a thorough knowledge of the fire procedure. A 'grab bag' contained Personal Emergency Evacuation Plans to enable information about people to be quickly and easily shared with the emergency services such as the Fire and Rescue Service.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff told us they had enough time to keep up to date with changes in people's care needs.
- Staff used evidence based tools to assess and monitor people's risks, for example, falls risk and tissue viability assessments.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times. One person told us, "Yes there are plenty of staff, they come quite quickly if I need them, I can't find fault with any of them." Another said, "I am well looked after, there are enough staff."
- Staff stayed working at the service for a long time and there was minimal use of agency staff. This meant people received care from a regular group of staff who knew them well.
- Safe recruitment practices were followed. All employees' Disclosure and Barring Service (DBS) status had been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. For example, one person told us if they felt they needed a particular medicine they wrote it in their care plan themselves. They said, "I am encouraged to be independent, I like that."
- Where people required support with their medicines, they received these as prescribed. Some people

received medicine through a tube in their stomach. We saw this was managed appropriately by staff.

- Medicines were correctly stored and administered by staff who had completed appropriate training. Their competencies were regularly checked to ensure people continued to receive their medicine safely.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control. A recent viral illness affecting people and staff had been well managed and in line with best practice.
- We saw staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- All areas of the home looked clean and were free of odour. People told us, "The cleaning is excellent," and "My room is cleaned every day."

#### Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they commenced using the service to ensure staff understood their needs and preferences. One person told us, "When I came in here I had the choice of five rooms." Another said, [Staff] all know me and know my needs."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as their religious and cultural needs.
- People's care plans included a personal profile and history which guided staff on their individual preferences and how they wanted to be cared for.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. They shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs of individuals. For example the registered manager arranged for specialist training from the Motor Neurone Disease Association.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager was supportive and approachable.

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

- People ate food they enjoyed. People told us, "I'm spoilt rotten! I have my meals in my room, I prefer that, they ask me what I want the day before. I'm mad on prawns at the moment, they bring me prawn cocktail for my tea. The food is good because I can pick what I want. They come round morning, afternoon and evening with hot drinks and biscuits or a piece of cake," and "It's very good, I enjoy the food".
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They sought the advice of specialist professionals when they identified a need, for example the speech and language therapy (SALT) team. Specialist diets, such as gluten-free, were catered for.
- People had jugs of fresh water in their bedrooms and were offered hot drinks throughout the day. This ensured they remained hydrated.

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

- We saw that thought had gone into adapting the service and environment to suit people's needs. One

person told us they had been a keen gardener when they were younger and staff had encouraged them to move to a bedroom with a better view of the garden, which they were very pleased with.

- The building was well-maintained and pleasantly decorated. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

- People were supported to make healthier life choices such as diet and exercise. A large well-kept garden was freely accessible to people for fresh air and recreation. One person said, "It's very good here, I like it in the garden, I walk all round the garden. It is spacious here, you are not cooped up."

- Staff supported people to attend health appointments and records showed they referred people promptly to their GP or other medical services when they showed signs of illness. People confirmed they saw the doctor whenever they needed to.

- Staff acted in accordance with the advice of medical professionals. One visiting professional told us staff were vigilant and understood people's needs. They said, "Our patients are well cared for."

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA and supported people to make their own choices. People confirmed staff always asked their consent before providing care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Although no-one living at the service had a DoLS authorised, we saw paperwork had been completed and applications submitted appropriately.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care they were happy with and they had formed good relationships with staff they trusted. One person said, "It's beautiful here, you won't get a better place. The nurses are exceptional."
- People told us staff were kind and friendly. One person told us, "It is a very nice place, the staff are welcoming. The carers are kind, gentle and thorough. They come in every morning to clean my room, they are respectful and they cheer me up." A relative told us, "My [relative] has been here for 4 years, my [other relative] was here as well. I have no complaints, [staff] are very friendly."
- Staff took pride in people's progress and spoke positively about the people they cared for. They told us they were keen to spend as much time as possible with people, in addition to providing them with their care and support. One said, "Sometimes we use our break times to sit and chat with people."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; care plans clearly showed how people preferred to receive their care.
- The manager was keen to ensure people were able to share their views about their care and ensured regular residents' meetings were held.
- The provider had information to refer people to an advocacy service when people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. People told us, "They always knock on the door before they come in, I can get up and go to bed when I like. They are always very respectful," and "I'm happy here, the staff are approachable, they listen to you. You don't have to do anything you don't want to."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and, where appropriate, their relatives had been involved in creating and updating their care plans. People told us staff worked closely with their family during their admission to the service.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, we saw when one person chose not to use their call bell, their care plan clearly indicated that staff should carry out regular checks to ensure their safety was maintained and needs were met.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives. One person told us, "I get on well with the maintenance man - we have a chat, I am a carpenter by trade."

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.

- Information was available in range of formats, for example, easy read or alternative languages.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

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

- Rushden Park had a dedicated activities manager who was supported by staff and a team of volunteers. Activities were well thought out to suit people's needs. One person told us "[Activities manager] is wonderful. I look forward to the quiz." Tailored sensory activities had been designed to ensure people who were cared for in bed were included.
- People spoke positively about the extensive range of activities that were available in line with their choices and social and cultural needs. One person told us, "I don't go to most of the activities but I do like the quiz. I go to church every week, it's nice because they say to me – are you coming to church this week? I like that."
- People were supported to use technology such as tablets and computers for leisure and to stay in touch with family and friends.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and we saw complaints were addressed in accordance with

the provider's policy.

- People and relatives told us they knew who to speak to if they had any complaints or concerns. One person said, "Anything I have commented on they respond to quickly. My heating has failed twice, it was at the weekend, but they came immediately on the Monday morning to fix the valve."

#### End of life care and support

- People were given the opportunity to record what was important to them at the end of life. When people had made decisions about their end of life care, this was clearly documented in their care plan to ensure staff followed their wishes.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.
- We saw cards from families of people who had died, praising staff for their care and support. We saw a 'remembrance tree' in reception where staff and people had hung paper memorials in honour of previous residents for All Souls Day.

# 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 now 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

- The registered manager promoted person centred care in all aspects of the service. Relatives told us the positive can-do attitude of the manager had helped people to receive prompt and professional care. One relative said "This place is fantastic, the personal care is great, they know so much about [relative]. [Registered manager] is just the cream on the top."
- The whole staff team was supported by the registered manager. Staff told us, "[Registered manager] is approachable," and "I feel listened to and valued".
- Staff told us they were happy working at the service and felt supported by colleagues. One said, "I love it - every day is different." Another said, "We're a good team."

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. Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and ensured that appropriate follow up actions were taken to reduce the risk of recurrence.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the manager acted to improve the service.
- People and relatives told us the registered manager and supporting senior staff team were visible and approachable.
- Policies and procedures were in place containing current best practice. Staff attended meetings to discuss updates in policies and refresh knowledge.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to and there were clear systems in place for them to do so.

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

- People were asked for their views through formal surveys and at group meetings. Issues and suggestions were acted upon.

- The registered manager had set up a comments box in reception for staff, people and relatives to provide feedback.
- People's equality characteristics were considered when sharing information, accessing care and activities.

#### Working in partnership with others

- The registered maintained good links with the local community. One staff member told us people very much enjoyed the regular visits made by children from a local nursery. They said, "The residents absolutely love the kids coming in - its a race to get upstairs."
- Staff had good working relationships with people's GP, district nurses and health teams.