

CS Care Group Ltd

Rushes House Care Home

Inspection report

2 St. Martins Road
Marple
Stockport
SK6 7BY

Tel: 01614277332

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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

Rushes House is a residential care home providing accommodation and personal care to up to 17 people. The service provides support to older people. At the time of our inspection there were 8 people using the service. The home is an older building providing single and double occupancy rooms and some rooms have en-suite facilities.

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

Care and support plans were holistic and reflected people's individualised preferences and support needs. People were involved in the development and review of their own care and support plans. Medicines were managed safely by trained staff and people received their medicines as prescribed. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The home was clean and newly refurbished.

Staff underwent a comprehensive induction and received a wide-ranging programme of training and competency checks. People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals.

The service had a warm and homely environment and welcomed people's relatives and friends, especially during activities and events. This helped people maintain important relationships. Visitors told us they enjoyed visiting the home. People enjoyed an excellent variety of activities, events and trips out that were organised to help reduce social isolation and enhance people's health and wellbeing. Activities were tailored towards people's likes and preferences which gave significant meaning and purpose.

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. We observed people making real choices throughout their day and they decided how they spent their time; what they wanted to do and when.

People were cared for by a dedicated and caring staff team who felt valued and appreciated. People were treated with dignity and kindness and were observed to be well cared for. Staff were aware of the importance of the people's presentation and supported people with this. The home had recently fitted out a beauty/pamper room with massage table and hair dressing station.

People and their relatives were extremely positive about the management team. There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did. There was a visible person-centred culture at 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

This service was registered with us on 21 June 2023, and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 4 November 2022.

Why we inspected

This is the first inspection of this newly registered service.

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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rushes House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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

Rushes House 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. Rushes House is a care home without 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.

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 Healthwatch. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care and medication 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. We spoke with 7 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, the chef, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse. There was a safeguarding policy and procedure in place.
- Staff had received up-to-date training about how to protect people from harm and abuse. Staff demonstrated a good understanding of potential abuse and neglect and were confident to report any concerns. The registered manager was aware of local arrangements and their obligations to report concerns to the local authority and safeguarding teams.
- People and their relatives felt they were safe. One person told us, "I feel very safe. I like to stay in my room sometimes and they come up and check on me. It's all good. It's marvellous here. I get well looked after." Another person told us, "I feel as safe as houses; I'm so pleased I have got a place here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individual risk assessments in place which covered a variety of risks and care plans detailed how staff could reduce risk for people.
- Health and safety checks were regularly carried out at the home on the building, environment and equipment. Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Accidents and incidents were recorded, analysed and managed. The registered manager had oversight of this, and we saw evidence of action taken to mitigate any future risks. We saw that appropriate actions and referrals to other agencies were made where required.

Staffing and recruitment

- There were enough staff to support people and provide a high level of person centred care.
- People and their relatives told us they were happy with staffing levels. One person told us, "I feel safe now. I can't fault it here; it's wonderful and there's plenty of staff about if I need anything." Another person commented, "I have used the call bell and I must say they come straightaway. I know if I ring the bell, I will get help which is very reassuring." One relative told us, "Mum is safe here because there is plenty of staff and I can tell by the way they treat her that she is well looked after."
- The service had employment checks in place to ensure suitable people had been employed to care for people at the service. These checks included police checks and references from previous employers. We found one staff member had a risk assessment in place; however, this was not robust and detailed. We spoke with the registered manager who remedied this immediately.

Using medicines safely

- Medicines were managed and administered safely by trained staff.
- Medicines that were required to be given at specific times of day were managed appropriately and where people required "as and when" medicines these were managed with person centred protocols. Regular medication audits were carried out by the registered manager to check the safety and effectiveness of the medicines administration.
- People told us they get their medicines on time and when required. One person told us, "They sort out my medication and give it to me on time and when I need it."

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

- We saw the provider was facilitating visits for people living in the home in accordance with current guidance. People and their relatives told us they were welcomed into the home without any restrictions. One person told us, "My wife and family come to see me and are made very welcome." One relative told us, "It's a more welcoming place now and I have got to know everybody."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs were assessed prior to admission to the home to ensure the service could provide the appropriate care.
- Whilst living at the home people's current needs were regularly assessed and reviewed to ensure information available to staff was relevant and up to date. People and their loved ones were involved in these assessments. One person told us, "The staff can't do enough for you, and they know how to do their job and get to know what I like and dislike."
- The service used specific and nationally recognised assessment tools. For example, we saw where the Waterlow score was used to check a person's risk of skin breakdown.

Staff support: induction, training, skills and experience

- Staff received a programme of training and support to enable them to provide safe and effective care. The management team kept oversight of staff training and ensured staff were competent.
- Additional to mandatory training, the service also offered nationally accredited training to all staff. New staff underwent a comprehensive induction and were required to pass a probationary period. All staff received regular supervision and competency checks to ensure they were delivering safe, person centred care.
- Staff confirmed they received regular training and supervision. One staff member told us they would like extra training, and this was organised immediately by the provider.

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

- People were supported to have a healthy and nutritious diet and were fully involved in deciding menus around their individual preferences.
- The chef ensured people received high calorie, wholesome, home-made food each day. The chef spoke to each person individually to gain their preferences and ensured they were involved in decisions about their food and drink. One relative told us, "[Name] wasn't eating properly but they have now got them eating and has put on weight. [Name] loves the food." The provider valued food and drink as a high priority in providing good care and the chef was not constrained by a budget and put on theme days, events and birthday parties. The home benefited from a 'hydration station' with fresh drinks and freshly baked cakes and biscuits throughout the day.
- People told us they were extremely happy with the food. One person told us, "It's a bit special; the cook gives us a lot of variety as well as quantity and quality. Also, you should see the home-made cakes and biscuits; they are very, very good." Another person told us, "The food is lovely. The chef does some

wonderful meals for us like Irish stew and roast chicken dinners and ice cream cake. They also make home-made biscuits and cakes which we have every day."

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

- People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals. Any concerns were recognised by staff and management and reported for action.
- The service worked collaboratively with other healthcare professionals, such as social work teams and nursing teams to understand and effectively meet people's individual needs. For example, a podiatrist visited the home regularly and each person was offered a visit from an optician and dentist.
- The home had weekly rounds conducted by the visiting GP if anyone wanted to be seen. One person told us, "There is a doctor who comes once a week but if it's more urgent they organise something for you." Another person told us, "A doctor does come, and I could see her if I wanted to."

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

- The home was adapted to suit people's individual needs and preferences and people had been consulted on how they would like their home to look.
- Each floor had accessible bathrooms and toilets, a passenger lift between floors and equipment available to assist people to safely move around the home. People benefitted from an accessible garden area that had been furnished with tables, chairs and a bird feeding station next to the lounge window. This station was requested by people and was situated so the birds could be seen from the lounge.
- The home was newly decorated, and people had chosen the colours of their bedrooms and communal spaces. One person told us, "They have decorated the place and got loads of new furniture in and we have a proper dining room now. They asked me to choose what colours I wanted in my bedroom, so I chose this colour. I think it's lovely." One relative told us, "It's clean and has been decorated. It just feels nice and welcoming."

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.

- People and their loved ones were fully involved in all decisions about their care and had their individual rights upheld.
- The registered manager was aware of the DoLS procedure and had made applications where necessary.

Care plans reflected the promotion of people's individual choices with sections recording that people had been involved in developing and reviewing plans.

- Staff were knowledgeable around the need to gain consent before providing care and support to people. We observed staff asking consent and people told us that staff asked before assisting them and gave choices. One person told us, "Before they do anything for me, they always ask if it's okay to do it. I couldn't praise them enough what they do for me." Another person told us, "I can get up and go to bed when I want to. There are no restrictions; I can go about the day with no worries. I like to read my recipe books or chat to the other ladies in the lounge. It's wonderful."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were fully supported, and the service went to great lengths to ensure people could follow and participate in what was important to them.
- We saw many examples of staff supporting people to follow their wishes. For example, one person had been supported to return to their childhood town and visit the local pub. Another person liked fish, so they were regularly assisted to visit a garden centre to see the fish in aquariums.
- People were supported well at mealtimes. Tables were set as if in a restaurant with wine glasses and flowers on the tables. Staff were very respectful and attentive throughout mealtimes and ensured people received help when needed. One person told us, "They [staff] need to help me eat which they do very patiently." Each person had a birthday party with a theme around their preferences. For example, one person loved cowboy films, so a wild west party was put on for them complete with outfits, cowboy hats and American style food.
- There was an equality and diversity policy in place and staff had received training. The management team demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- We saw good care was provided at the service. Dignity, respect and kindness was embedded throughout the management of the service and was reflected in the care people received.
- Staff described how they always promoted people's independence and choice when providing care. We observed people were spoken with in a dignified and respectful manner throughout the inspection. Consent was always gained, choices and explanations always offered, and reassurances given at all times.
- People were happy to tell us they felt respected and were treated with dignity by staff. One person told us, "The girls [staff] will do anything for you. They run little errands for things that I need. I can't complain about anything." One relative told us, "I am impressed with the care and attention the staff give to all their 'guests'. There is always 1 or 2 staff in the room when I arrive chatting to everyone and dealing with any needs in a professional but kindly manner."

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

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received. One person told us, "There are no time limits; I get up when I choose. I do what I want during the day and my relative visits, and I go to bed when I want."
- The provider ensured there were enough staff around to enable them to provide care and support in a timely and compassionate way. Staff told us they have time with people. One staff member told us, "If my

nan needed care, I would be happy for her to be here."

- Staff knew people well and we saw established relationships between people living at the home. One relative told us, "The staff are happy people and more like friends." One person told us, "The staff are like a family to me. I don't want to leave I am very happy here." Another person told us, "All the girls [staff] are dressed in pink, and they are so helpful and kind. I call them "The Pink Angels"."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 their loved ones were involved in planning support and care delivery that was personal to them.
- Individualised care was at the forefront of the service, and this was reflected in the personal care plans that detailed people's preferences and choices. These plans were regularly reviewed to ensure they were up to date and included people's likes and dislikes. Attention had been paid to people's family, background, and social preferences with "My Life Story" booklets. The home also had a 'resident of the day' scheme, and this involved a full review of their care covering every aspect of their life at the home.
- People's choice was promoted throughout the service and the provider facilitated people's wishes. One person told us, "We get a visit from a chiropodist every so often and there's a hairdressing salon downstairs now. I go and get my hair done." The registered manager told us, "The owner gets things done. People do anything that they want to do."

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 individual communication needs had been assessed and these were detailed in care documentation to guide staff on people's preferred method of communication.
- The service had a hearing loop fitted and they were able to provide information in different formats where required.
- One person communicated in a written format, and we saw this person had their own whiteboard for themselves and staff to use.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and the home had made it accessible for people to comment on the service.
- People had been informed how to make a complaint through information given to them in their welcome pack and information held in each person's room. The complaints policy was also on display in the home's foyer along with a suggestion box.

- There had not been any complaints about the home since the new registration. People were very complimentary throughout the inspection and told us they did not have any complaints. One person told us, "I am glad I have stayed here. I haven't got any problems with the girls [staff] or the people in charge. I have no complaints. I am treated with the highest respect."

End of life care and support

- The service had an end of life care policy in place and staff received training on how to support someone at the end of their life.
- The home had an end of life champion who had received additional training and where required, some people had chosen to complete an end of life care plan.
- The home received additional support from healthcare professionals, such as the GPs and district nursing teams to ensure people received good, appropriate and dignified care at the end of their life.

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

- People were supported to follow their interests and partake in individual and group activities both inside and outside the home.
- People's loved ones were welcomed into the home and encouraged to be involved in the home's extensive activity and events programme. Activities included outside entertainers, themed days, suppers and parties, day trips, pamper sessions and pub lunches. Fridays were themed around cocktails and canapes and relatives were encouraged to join in.
- People's individual interests were also catered for. One person told us, "They [staff] take me shopping and we have had outings to the pictures and other places. They took me Etherow park for a day out and we have been ten pin bowling." Another person told us, "There is something on nearly every day. They have a blackboard which we can write down films we want on, and we have drinks and popcorn while we watch."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the safety and effectiveness of the service and the management team were knowledgeable about their regulatory requirements and wider legal responsibilities.
- The service had new governance structures in place with a new provider and a newly registered manager. They had implemented governance arrangements quickly and had turned around the home in a short period of time and to a high standard. People, relatives and staff told us the management team were very visible around the home and were fully involved in people's care.
- Audits and action plans were regularly carried out to check the safety and effectiveness of the service. The provider was very proactive in identifying and actioning any areas for improvement. The management team were passionate about improving the home; they told us, "We are proud of our staff who are onboard with the home's ethos and support and encourage our residents and are always making suggestions of how to improve the lives of our residents."
- The registered manager demonstrated compliance with relevant legislation and ensured they sent statutory notifications when required. A notification is a report required by law when certain events occur.

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 management team demonstrated their awareness of their duty of candour and their also their responsibility to act on accidents and incidents. We saw evidence that any incident had been responded to appropriately.
- We saw evidence of learning when an incident had occurred, and actions had been taken to reduce further risks to people.

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

- People and their relatives were engaged with and involved in their care and the way the service was provided.
- We saw feedback was gathered regularly from people and relatives. This was then used to shape the service and provide care in line with people's wishes. We saw numerous examples where people had expressed their preferences, and this was actioned.
- The management team held a series of meetings with staff, people and relatives to ensure information

was shared and up to date. People, their relatives and staff told us the management team were approachable. One person told us, "They [management team] are always smiling and laughing; I feel I can approach them about anything." Another person told us, "They [management team] are lovely. I can go to them with any problem. It's like a lovely family here now; this place feels like my home, and I consider them to be my friends."

Working with others

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service.
- People had been supported to access a number of services, such as GPs, district nurses and other community healthcare professionals. The registered manager had developed relationships with local authorities, social work teams and local health services.

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

- There was a clear person centred vision and culture from the management team that meant people were supported by staff who promoted independence, compassion and dignity. The management team told us, "We are both so very proud of our residents, how far they have come, how open they have become and how they are now excited and willing to try new things whether that be food, going to a new place or holding a tarantula."
- Feedback from people, relatives, staff and other professionals was consistently positive about the significant improvements made at the home. Staff told us they felt supported, and people told us how impressed they were about the changes and improvements they could see. The management team told us they were proud of their working relationship and felt they made a good team and shared common vision and values. They told us, "We are proud of our staff who are onboard with the homes ethos and support and encourage our residents and are always making suggestions of how to improve the lives of our residents."
- People and their relatives were happy and felt very cared for at the home. One person told us, "They [management team] are brilliant. I couldn't find a nicer place. I appreciate all they do for me. They are always there, and they look after me." One relative told us, "All the staff and management are excellent. I am more than happy with the care... I feel [relative] is safe, well cared for and their personal needs are more than met by an excellent team in an excellent home. I would nowadays recommend Rushes House to anyone."