

Thackray Care Services Limited

Rushley House Retirement Home

Inspection report

327 Lancaster Road
Morecambe
Lancashire
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Tel: 01524417405

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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

This inspection took place on 06 February 2018 and was unannounced. Rushley House Retirement Home is a residential care home for 13 people. The home is situated near Morecambe town centre, close to local shops and amenities. Private car parking is available. The home is a large detached house built over two floors, set in its own grounds. All bedrooms are for single occupancy and a number are provided with an en-suite facility. Communal space consists of a main lounge, dining room and a separate conservatory. There is a stair lift for access to the first floor. At the time of our inspection visit there were 12 people who lived at the home.

There were two registered managers who were also the owners of the home. 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.

At the last inspection in September 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. One person told us, "I think they [staff] are respectful, I can have a laugh with them."

We found there were sufficient staff during our inspection visit. They were trained and able to deliver care in a compassionate and patient manner. One person commented, "There is always quite a few on [staff]. There is always one on at night, and she keeps a check on me to make sure that I am alright."

Staff we spoke with confirmed they did not start their job until the registered provider received relevant checks. We checked staff records and noted employees received training appropriate to their roles. One staff member told us, "It made a difference. You couldn't just come in and get on with it."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the home and found it had been maintained and was a safe place for people to live. For example, we found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Rushley House Retirement Home. Staff had relevant training to assist them in the safe administration of medicines.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

People were supported to have maximum choice and control of their lives and staff helped them in the least restrictive way possible; the policies and systems in the service supported this practice.

We received positive comments about the quality of meals provided. Comments included, "I keep putting on weight the food is that good." They added, "They make a menu of what we want and it varies a lot. I even have breakfast in bed." We observed lunch time service and noted people had their meal in the dining room, where they sat or in their own bedroom. People told us it was their choice where they ate their meal.

We observed positive interactions between staff and people who lived at Rushley House Retirement Home. There was a culture of promoting dignity and respect towards people. People told us staff treated them as individuals and delivered personalised care that was focused on them as an individual. Care plans seen confirmed this.

People who lived at the home and their visitors told us they were happy with the activities on offer.

There was a complaints procedure which was made available to people and their relatives. People we spoke with told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided.

Further information is in the detailed findings below.

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 had improved to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Rushley House Retirement Home

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 was planned to check whether the provider is 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.

Rushley House Retirement Home 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, both of which we looked at during this inspection.

This inspection took place on 06 February 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in supporting older people.

Before our unannounced inspection, we checked the information we held about Rushley House Retirement Home. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us plan our inspection of Rushley House Retirement Home.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with a range of individuals about this home. They included five people who lived at the home, one relative, two staff members and both owners who are the registered managers. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This helped us to assess if people received the care and support they needed in an appropriate environment.

We looked at care records of three people who lived at the home. We checked documents in recruitment and staff training and support. We looked at records related to the administration of medicines and the management and safety of the home.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe as there was always a member of staff to help when needed. Observations made during the inspection visit showed people were very relaxed in the company of staff who supported them. One person told us, "It is safe enough; the people who look after you are very good." A relative commented, "If I did not think it was safe, my [relative] would not be here."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. We questioned staff on their knowledge should they witness bad or abusive practices. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with knew which organisations to contact if the service didn't respond to concerns they had raised with them.

We spoke with the registered manager about safeguarding. They were able to show us best practice guidance from the local authority. They used this to guide the management of safeguarding incidents that occurred. The registered provider had reported incidents to the Care Quality Commission when required. Everyone we spoke with said they would report any concerns to staff. One person said, "I would tell them [staff] straight away, and they do listen to you." This showed the registered provider kept their knowledge updated to ensure their processes and practices safeguarded people from abuse.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. For example, we saw a risk assessment for one person to manage their deteriorating mobility. The assessment guided staff on how to support the person safely. We noted the care plans were reviewed monthly. This showed the registered manager had systems to manage and monitor risk and keep people safe.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed.

During our inspection visit staffing levels were sufficient to meet the needs of people who lived at Rushley House Retirement Home. We saw staff members responded quickly when people requested support. We noted people preferred to call for staff rather than press the call bells at their side. We asked people how long it usually took for a member of staff to arrive after they had pressed their call bell. One person commented, "They are quick, it does not take that long." We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We looked at how medicines were prepared and administered. Medicines had been given as prescribed and stored and disposed of correctly. We observed the registered manager administering medicines during the lunch time round. We noted they spent time with each person as they administered their medicine. The registered manager made eye contact with the person and never left until they had swallowed their

medicine, offering gentle encouragement as they did so. People we spoke with told us there were no issues with their medicines. One person told us, "I am diabetic and they [staff] always give it to me on time and if I need painkillers, they always make sure I get what I need."

We observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

The registered manager told us the home was due to be refurbished. They were having new carpets fitted and some building work completed. We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the home. These were observed being used by staff carrying out their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and carrying out cleaning duties.

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided good care. People told us they had regular staff who they knew well. Each person had a pre-admission assessment, to identify their needs and establish that Rushley House Retirement Home was able to meet their needs. The registered provider told us they had to refuse people if they felt they would not be able to offer effective care.

All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "Oh yes, they have been well trained and I think they are extremely good. They added, "And I told them so at the hospital about how good the staff at this home are."

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person told us, "Of course they are knowledgeable and they go above and beyond." A second person said, "Yes, they [staff] seem to know what they are doing." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We saw the registered manager had a structured framework for staff training. For example, this included supporting staff to gain vocational qualification for their current role and higher qualifications to support their personal development.

We asked staff if they were supported and guided to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said both registered managers were very supportive and they felt they could speak to either at any time should they need to. About the registered managers one staff member told us, "The registered managers are very approachable."

We asked people about the meals at Rushley House Retirement Home. Everyone we spoke with commented on the homemade cakes stating they were excellent. One person commented, "The meals are great. I am a poor eater but they feed me that well I have put on three stone since I came here." One relative said, "You can always tell when [registered manager] has been baking because you can smell the cakes and it always makes my mouth water." We observed lunch service at the home. The food served was well presented and people enjoyed it. People had the choice of eating where they sat, in their rooms or at a dining table. The atmosphere was relaxed and people were able to enjoy their chosen meals at their own pace.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. Staff monitored people's food and fluid intake and people's weight was recorded consistently. We noted one person required their sugar levels monitoring twice a day. A second person had put on weight and this

was being monitored. However, we also noted there was a chocolate cupboard should people want a treat. The registered manager told us, "Everybody likes chocolate." One person told us, "I am fond of the fish pie they make and I get it regularly, [registered manager] spoils me." A second person told us, "You could not get better food even if you went to a high class restaurant. You do get choices and if you do not like what is available they will get something different for you." A member of staff told us, "This is their home, they can have what they want." This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one who lived at Rushley House Retirement Home was assessed as lacking capacity. Documentation we looked at indicated people were involved in the planning of their care and had consented to receive any support needed.

We saw from records, people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The registered manager told us they encouraged staff to contact healthcare professionals if they were concerned about a person's health. They said, "I never tell staff off for over caring. They need to be confident they can get medical advice." The records were informative and had documented the reason for the visit and what the outcome had been. One person told us staff had effectively sought medical support when required. They told us, "They called an emergency doctor, I now have [medical support] which has made me feel a lot better." This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

Accommodation was on two floors with a stair lift for access between the floors. There was a communal lounge and dining room and each person had their own private bedroom. Each room had a nurse call system to enable people to request support if needed. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

Is the service caring?

Our findings

From the moment we visited Rushley House Retirement Home to when we were leaving we consistently heard people laughing. The laughter was between each other, with staff or engaging with visitors. One person told us, "We have a good group here." A second person said, "They seem to be caring. If I am worried about something, I just talk to [registered manager]." One staff member commented, "We are all caring here. It's their home from home. We have a laugh, it's not a military operation, we sit and have a chat. That's why I love it here."

We saw people were treated in a caring and respectful way by staff. We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example, we saw staff took time to sit with people in their care and enquire about their welfare. We spoke with the staff member who told us, "It's not one of them homes where you are rush, rush, rush and you haven't got time for people." We asked the registered manager about staff sitting and chatting with people. They told us, "I encourage it, it's part of the job." This showed the registered manager was promoting a caring culture where people are treated with kindness, respected and given time to express their views.

Staff were friendly and sensitive when providing care and support to people. We saw staff knocked on doors and waited for a response before entering. One person confirmed this by saying, "When my door is shut, they [staff] knock." We saw people being spoken with discreetly about personal care issues so as to not cause any embarrassment. Staff were able to tell us about people's personalities, interests and individual preferences. This showed staff clearly knew people well and respected them.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They told us one person had a family member acting as their power of attorney. A power of attorney is a written authorisation to represent or act on another's behalf. The registered manager told us, "People should have someone external they can relate to and rely on." They were also aware of how to access advocacy support should people request or require it.

We noted care plans were reviewed each month. These were done with the person being present. This was confirmed by the people we spoke with. The registered manager also told us one person had expressed a wish to have a flu jab. However on the day had refused the injection. We saw records that showed more than one person had refused. The registered manager told us they and the nurse had explained the benefits of having it but had respected each person's decision. This showed the registered was providing personalised care.

Is the service responsive?

Our findings

We observed during our inspection visit, people were included, listened to and valued by staff at Rushley House Retirement Home. People were supported by staff that were experienced, trained and had a good understanding of people's individual needs, likes and wishes. For example, one person who lived in the home told us, "When I first came in I could not do anything for myself, I now do a lot but the staff are there if I need them."

People we spoke with told us they received a personalised care service which was responsive to their care needs. They told us their care plans took account of their preferences, wishes and choices about how they wanted to be supported. They told us, or their visiting relative told us, they had been involved in how their care was delivered and had been part of the care planning process. One person said, "I have agreed my care plan and it has been reviewed recently, but there has not been any changes."

We looked at what activities happened to ensure people were offered appropriate stimulation throughout the day. We asked if staff helped with interests or hobbies people may have. One person told us, "I like crochet, knitting and making things out of felt. One of the carers got her mother to sew the felt squares together for me." A second person commented, "It would be difficult to have a hobby, there is so much going on." Staff told us people enjoyed it when singers visited. People told us they were invited to join in the activities. The choice was theirs and staff fully respected their decision. One person said, "A chap comes in and sings, we also have a hairdresser come in and a manicurist."

On the day we visited we observed relatives visit, one with a puppy, which everyone enjoyed seeing. We also noted a vicar visited. One person commented, "The vicar comes round once a week to see me." This showed the registered provider recognised activities were essential and provided appropriate support to maintain people's social and spiritual needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. The registered manager had gathered documentation on how to investigate sensory loss and what action to take to ensure personalised communication is promoted. For example, for people living with dementia it guided staff on how to gain a person's attention and to speak 'slowly, calmly, clearly, plainly.' It also instructed staff on investigating sensory loss and who to seek support from. This guided staff to share information in a way that would be received and understood.

The registered provider had a complaints procedure which people we spoke with were aware of. Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. For example, one person stated, "I have complained about something and it was sorted out straight away." A second person said, "I am not a complainer, but I would talk to the staff. I have never had to complain." This showed the registered provider had a system to acknowledge and respond to any issues raised.

We spoke with the registered manager, staff and people who lived at the home about end of life care. Not all people's end of life wishes had been recorded as some people had chosen not to discuss it. Their views were respected by the registered provider. We did note some people had chosen to share their end of life decisions with staff at the home. For example, we saw people had completed DNACPR's. The purpose of a DNACPR decision is to provide immediate guidance to healthcare professionals on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. One person told us, "If I was dying, and my family could not make it, I would love them [staff] to be holding my hand." A second person said, "Recently, a lady in the home passed away and in the days leading up to that, the staff never left her side. The staff went above and beyond all expectations." Staff told us they would not anyone to be alone when at the end of their life. The registered manager told us, "I find it sad, but this is when to care, when to put dignity into practice." This showed the registered provider guided staff by promoting the importance of providing end of life support.

Is the service well-led?

Our findings

We asked people and their relatives if they were happy with the way Rushley House Retirement Home was managed. One person told us, "They [staff] know what [registered manager's] standards are so they always get it right." A second person commented, "[Registered manager] is a hero."

People who lived at the home told us the registered managers were available all the time and had a visible presence within the home. They said they were approachable. One person said about the registered managers, "They are here all the time." A member of staff told us, "[Registered managers] are good to work for. We all get on, like one big happy family." A second staff member commented, "It's a small friendly home. Everyone gets on."

We found the service had clear lines of responsibility and accountability. The registered managers worked alongside staff in the running of the home. There were senior carers available to guide staff when the registered managers were not present. We asked what the vision for the future was. The registered manager told us they had further plans to refurbish the home and to offer stability in the management team. They also stated it was about putting people first and building relationships.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the service's medication procedures, staff training audits and risks around the environment. Environmental risks included monitoring fire extinguishers, the stair lift and window restrictors to ensure they were fit for purpose.

We looked at the minutes of a residents meeting. We saw one person had requested beef spread, which had been purchased. A second person had requested diabetic options for meals. We spoke with the registered manager about this who told us people's individual diets were always considered when cooking and baking. This showed the registered manager responded to comments and feedback.

We asked how staff were consulted with by the registered managers. Staff told us they had the opportunity to speak with the registered manager daily. One staff member commented, "I see [registered managers] all the time, if I have got a problem I don't have to wait for a meeting." The registered manager told us, "Because it's a small home, I never go more than three days between seeing a member of staff. I come in early so I can meet with the night staff." Everyone we spoke with felt supported by the management team. This showed the registered provider gave people and staff the opportunity to be engaged and involved in the delivery of care and support at Rushley House Retirement Home.

The service worked in partnership with other organisations to make sure they were following current practice, provided a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's and district nurses and the Lancashire safeguarding adults' board. This showed the registered managers kept up to date with new guidance and were continuously learning to ensure high quality care and support was delivered.

The latest CQC rating was on display in the home to so people had access to this information.