

Church Farm at Rusticus Limited

Church Farm at Rusticus

Inspection report

Owthorpe Road
Cotgrave
Nottingham
Nottinghamshire
NG12 3PU

Tel: 01159899545

Website: www.churchfarmcare.co.uk

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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

Church Farm at Rusticus is a nursing home providing personal and nursing care to up to 93 people. The service provides support to adults, some of whom live with dementia and/or physical or mental health conditions. At the time of our inspection there were 86 people using the service.

Church Farm at Rusticus is split into 4 separate units known as Primrose, Hawthorn, Bluebell, and Hickling. The service is split across 2 purpose-built buildings. One of the units, Primrose, specialised in providing care to people following a hospital admission.

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

People were supported and kept safe by staff who understood their duties and responsibilities. Risks were managed well, both those associated with people's individual health and wellbeing needs and environmental risks. People received their medicines in a safe way.

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.

People's needs were assessed and staff were provided with relevant information to be able to meet these. Care was delivered inline with nationally recognised guidance. People were supported with their eating and drinking requirements in an effective and safe way. People's wellbeing and healthcare needs were managed well.

People were very happy with the kind and caring support they received from staff. Staff knew people as individuals and treated them respectfully.

People's care was planned and delivered in a personalised way. There were opportunities for people to socialise and engage in activities if they so wished.

The provider ensured the home was managed well, with relevant audits in place to check the environment was safe and care was delivered appropriately.

Rating at last inspection

The last rating for this service was requires improvement (published 14 February 2019). The service had made improvements following this inspection in safe and responsive.

Why we inspected

The inspection was prompted in part due to concerns received about risk management and leadership. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

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.

Church Farm at Rusticus

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

This 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

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 12 relatives. We spoke with 1 visiting professional. We spoke with 15 staff and sought feedback from a further 6 staff, these included registered nurses, care staff, kitchen staff, domestics and management, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 10 peoples care plans and related documentation. We looked at medicines management and reviewed medicine records for 15 people. We reviewed documentation relating to the running of the home, including audits, training records, staff files and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home had processes in place to reduce the potential of people being put at risk of abuse.
- People felt safe in the home and with the staff who cared for them. Relatives told us they felt their loved ones were kept safe. For example, one said, "I do think [named person] is safe from harm," another said, "They are at absolutely no risk at all."
- Staff were trained in safeguarding and a policy was in place with details on what agencies to report any concerns to. Staff we spoke to understood their responsibilities in relation to safeguarding people. For example, one member of staff told us, "Safeguarding concerns will be dealt according to the policies with all seriousness including escalating to the line manager."
- The manager understood their duty to ensure any concerns were taken seriously, investigated and reported.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and mitigated well, these included risks associated with people's health, individual needs and the environment.
- Risk assessments were detailed and were completed appropriately for people's individual needs. For example, where people had a catheter in place, appropriate guidance was in place to ensure staff knew how to protect them from the risks associated with this, such as infection.
- Where people were at risk of skin deterioration, such as pressure sores, equipment was in place to reduce this risk, such as pressure relieving mattresses and cushions.
- Environmental and fire risks were monitored and mitigated against.

Staffing and recruitment

- People were supported by staff who had been recruited safely. There were enough staff on each shift to support people safely.
- We observed there to be enough staff, however staff and some relatives fed back they did not feel this was always the case. We fed this back to the provider, and they implemented a new system for deploying staff to try and address this.
- People did not raise concerns about having to wait for support. A person told us, "The staff are really lovely here, they always come when I need them."
- We checked staff files and found appropriate pre-employment checks had been carried out to confirm the suitability of new staff members. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed and administered safely.
- People we spoke with were happy with the support they received with their medicines. A person told us, "Staff bring my tablets when I need them, the nurses are very good, when I need a paracetamol, I ask and they come and give it to me, they do ask as well when I have the rest if I am in pain."
- Medicine documentation was in place and completed appropriately. Plans were written in line with NICE guidance.
- We observed the administration of multiple medicines, all were given in line with guidance, with consent received where the person was able to.
- Medicines were stored appropriately and safely.

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

- People were able to have visitors when they wanted and there were plenty of areas for them to socialise in, as well as peoples own rooms.

Learning lessons when things go wrong

- The provider and the manager took incidents seriously, ensured they were investigated and where appropriate held reflective learning meetings with staff to mitigate against the incidents reoccurring.
- Staff told us, "If an incident happens, management make sure that it is not repeated the next time and try to fix it."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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, where possible, prior to admission and then reviewed on a regular basis.
- Information to help support staff to get to know people's preferences was recorded. This covered all aspects of people's lives including their life history.
- Nationally recognised assessment tools were utilised to ensure care was delivered in line with best practice, such as BRADEN score which is a validated scale and recognised by NICE for assessing pressure ulcer risks.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, this helped avoid discrimination and ensure a person's assessed needs were met.

Staff support: induction, training, skills and experience

- Staff were provided with the appropriate training and skills to carry out their roles effectively.
- Staff told us whilst they were given the relevant training some expressed they would like more support in developing professionally.
- New staff were put through an induction process, a staff member explained to us, "I had an induction with a deep description of the job role and assessment of my potential to do the work. Training given to me has helped a lot in meeting the needs of residents."
- Staff new to care were enrolled on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported with their eating and drinking needs.
- People were supported with their dietary requirements and any risks associated were assessed and mitigated against. Where people had been identified as requiring monitoring of their food and fluid intake this was recorded as well as people's weights, and appropriate referrals to dieticians were made.
- We observed staff showing people show plates of the food options at mealtimes to help the decide what meal they would like to have.
- People told us the food was "lovely" and relatives were happy with how staff supported their loved ones. They told us, "My [loved one] has put on weight which is good, it means he has a healthy appetite" and "They are on a special diet and [staff] know everything and follow it".

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

- The home was purpose built and was split over 2 buildings and 4 units. One unit had recently been built and was specifically designed to meet people's needs within a tranquil environment and outlook.
- There were refurbishment works in progress and planned for the other older, more tired, areas of the home.
- People had access to plenty of outdoor space, with large garden areas that included an aviary.
- The home also had a café and cinema for people, visitors and, when appropriate, the wider community to utilise.
- People were supported to personalise and decorate their rooms as they wished.

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 with their healthcare and wellbeing needs in a timely way.
- We saw evidence of referrals to healthcare professionals such as dietitians, speech and language therapists, dementia outreach teams and occupational therapists.
- Staff were very quick to refer people to the dietician when it was found they were at risk of malnutrition, professional's advice had been implemented into care plans and staff followed this advice as demonstrated in the daily notes.
- People were supported with their oral healthcare needs and had regular oral hygiene assessments.
- Relatives were aware of the support received and were happy with it. A relative told us, "My husband has been offered physiotherapy, optician, occupational therapy and everyone is very person centred".

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.

- Where people had been assessed as lacking capacity relevant paperwork was in place to ensure decisions were made in their best interest.
- Staff were trained in the MCA and DoLS and understood their responsibility to support people in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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 spoke highly about the way they were supported by staff.
- We observed staff being kind, respectful and patient with people in all interactions from administering medicine to supporting people when they were becoming anxious or upset.
- Relatives told us, "They [staff] are really lovely to [loved one]," "They [staff] talk to [loved one] in such a lovely manner," and "I see good treatment everywhere".

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

- People were able to express their views without judgement and make decisions about how they spent their days.
- A person explained to us, "I sit here with my friends and then go off for a little wander, no one tells me to sit down or anything like that."
- The manager told us some people had advocates to help them express their views, however there was no information readily available on how people could access advocacy services independently. The manager informed us they would make this information available to people.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of encouraging people to remain independent where they were able to and were respectful of people's privacy.
- Staff told us they seek people's consent before supporting with personal care and ensure they protect people's dignity.
- A member of staff gave an example of how they support people to be independent, "I support people who could make their own drinks like tea by assisting them and provide all support needed instead of completely making them sit at a place doing nothing."
- A person told us how they had been supported to have a better a quality of life, ""The girls are great here, I was in a real mess when I moved in here stayed in bed all the time and now look at me (they were in a profiling chair outside next to the aviary), I can't thank them enough."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's care was planned in an individualised way. People's records documented their preferences to guide staff on how to meet their needs.
- Care plans were person centred, people and their relatives had been involved in developing these. Where people had specific requests, for example, where people had expressed a particular gender to provide them with support with personal care, these were respected.
- A member of staff told us, "I'm provided with enough information about individual residents because that's what helps us assist them correctly, meet their needs and be able to take good care of them."
- Care plans had been reviewed monthly or as a person needs changed, to ensure staff were aware and had the information available to continue to meet people's needs.

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.

- The manager and provider understood their duty to follow the Accessible Information Standard.
- At the time of the inspection there was no one who required information in a different format. However, people were offered visual cues at mealtimes to assist them, and cue cards were available if required. Throughout the home there were visual cues to help people orientate themselves, for example consistent signage on bathrooms.

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 had a lot of choice on how to spend their days. People were able to maintain relationships and socialise with people living at the home as well as their family and friends.
- Family and friends were able to bring in pets, such as dogs, in to visit people as it was found to be beneficial for them.
- We saw people being engaged in activities with staff and saw evidence of people participating in gardening and supported visits into the community.
- People were able to use the cinema, which was specifically designed to be dementia friendly. There was also a café for people to socialise in throughout the day.
- A local religious leader had visited the service to provide pastoral care for people who chose to engage

with this.

Improving care quality in response to complaints or concerns

- The provider took any concerns and complaints raised with them seriously and looked for ways they could in response improve the service provided.
- Information on how to raise concerns was available to people and was on noticeboards throughout the home.
- Relatives we spoke with said they knew how to raise concerns but had not felt the need to.

End of life care and support

- End of life care plans were detailed. People had been given the opportunity to discuss their end of life wishes. When someone became close to the end of their life it was rediscussed with them and their loved ones where appropriate.
- End of life care plans detailed any religious and cultural needs. Individual choices were documented, for example what kind of music someone would like to help them relax.
- The manager told us of their plans to introduce ways to celebrate the lives of people who had passed whilst living at the home.
- Staff were provided with end of life training and bereavement support. A member of staff told us, "I've been supported to care for people at the end of their life by showing them love, caring for them and always being there for them."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a number of management and senior management changes which had led to a lack of continuity within some governance processes. However, the provider promptly recruited and restructured the management to address this. There was an experienced manager in post at the time of the inspection.
- Quality assurance and auditing processes were in place with a tracker, so management had oversight on what had been completed and whether identified actions had been added to the appropriate plan.
- People, relatives and staff spoke positively about the new management and the culture in the home.

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 provider understood their duty to inform and communicate with the relevant people and agencies when incidents occurred, as well as actively taking steps to learn from incidents.
- Relatives told us they were kept up to date and that communication was very good.
- The provider had an audit in place to prompt and ensure family were informed following an incident. We saw evidence of reflective supervisions and improvements to care delivery following incidents.
- The provider was dedicated to improving care provided. For example, following feedback from the inspection they had implemented changes and recruited further staff to improve the home.

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

- People and staff, as well as the wider community, were encouraged to engage with the service and most said they felt listened to.
- There were regular meetings held for staff and residents. Although we were informed that most families preferred to be involved on a more 1:1 basis, which was accommodated by the provider.
- Staff were offered support in various forms, including a safe space for them to speak confidentially with a trained nurse if required.
- There were opportunities for the local community to be involved, including open days and events for special events such as fetes. The provider had also linked in with the local primary school who had visited the home.

Working in partnership with others

- The provider worked in partnership with other agencies, not just to meet their regulatory and legal duties and responsibilities but also in other areas to improve care provided. For example, we saw evidence of the provider working alongside the local university, collaborating on research and projects.