

Methodist Homes Rushden Park

Inspection report

Melloway Road
Rushden
Northamptonshire
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Date of inspection visit: 11 & 12 February 2015
Date of publication: 29/04/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection took place on 11 & 12 February 2015 and was unannounced.

Rushden Park provides residential and nursing support for up to 68 older people. At the time of our visit there were 64 people using the service.

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

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

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Recruitment processes were robust. New staff had undertaken the providers' induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, and spending time with them on activities of their choice.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff to treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Visitors were welcome at any time.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who was supported by a staff team and the provider.

People and their relatives were able to give feedback and suggestions were acted on.

There were internal and external quality audit systems in place.

Good



Rushden Park

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.

The inspection took place on 11 & 12 February 2015 and was unannounced.

The inspection was carried out by one inspector.

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

We checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 28 November 2013.

During this inspection we observed how staff interacted with people and received care and treatment. We looked at how people were supported to join in activity sessions of their choice and to have meals.

We spoke with six people and the relatives of 5 people who used the service. We also spoke with the registered manager, the deputy manager, five care staff, three nurses, two catering staff, two housekeeping staff, the maintenance person, the activity coordinator, the volunteer coordinator and the chaplain.

We reviewed six care records, eight medication records, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe, one person said, “I feel very safe here.” A relative said, “We are totally confident that mum is safe here.”

Staff we spoke with were aware of how to protect people from discrimination and told us they would challenge any if observed.

People were kept safe by staff who knew the signs and symptoms of abuse. They were able to explain different types of abuse and how they might present with the people they supported. One staff member said, “We know people so well, we think they would tell us, but we would notice any changes.” Staff were able to tell us about the reporting process for any suspected abuse. One staff member told us, “I would have no problem reporting a colleague if I thought they were doing it.” They also said they knew they would be supported to do so. There were notices within the home explaining how to report any safeguarding issues. Staff files confirmed that they had completed relevant safeguarding training.

Staff told us that everyone had risk assessments within their care plans. These included moving and handling, falls and the use of bed rails. Staff explained that these were used to enable people to be as independent as they could be in the safest way. We observed staff supporting people to maintain safety whilst managing risks, for example people were able to move around the home freely, into the garden and other units. We saw documentation within people’s care records which had been developed with input from the staff team and other health care professionals where appropriate.

Emergency plans for the service were recorded and staff were aware of these. The emergency evacuation plan and contingency plans were in a folder at the main entrance for use in the event of a complete evacuation. Emergency information was on notice boards throughout the home.

Accidents and incidents were recorded. Staff told us it was important to report every incident or accident no matter how small. The registered manager reported any accidents or incidents monthly to the provider who developed an action plan if required. We saw documentation of correctly recorded accidents and incidents.

The provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. There were posters for this on notice boards around the home. This meant that anyone could raise a concern confidentially at any time.

People told us there were enough staff, one person said, “There must be enough staff as I never have to wait.” Staff told us they always try to cover any absences themselves or with bank staff. We observed there to be enough staff on duty to provide the appropriate care and support to people. We looked at the rota and found that it was planned around the dependency needs of people who used the service and the correct amount of staff with differing skill levels were on duty at any time.

The registered manager explained the recruitment process and told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and a Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place. The registered manager told us that they have a number of volunteers who assist in the home; they are all subject to the same recruitment process as permanent staff.

People told us they received their medication on time. One person said, “They always bring me my tablets, I would forget, but they never do.” Staff told us the registered nurses administer the medication. We observed medication rounds which were carried out correctly following the providers’ policies and procedures and pharmaceutical guidelines. We were taken to the medication room, which was securely locked. The nurse on duty was able to explain the various systems including ordering, administering and disposal of medicines and we saw records to confirm this. The temperature of the room and fridges were taken daily to ensure medication was kept at the correct temperature. We looked at the records for eight people; these contained the protocol for administration, a photograph of the person and their medication care plan. We carried out a stock check of some medication which balanced correctly.

Is the service effective?

Our findings

People told us they thought the staff were well trained to do the job, one person said, “They all appear to know what they are doing.”

The registered manager told us new staff had to attend the providers’ mandatory training and shadow other more experienced staff before being allowed to go onto the rota. They told us shadowing could be from two weeks or longer if they or the staff member felt it was needed.

Staff told us they received regular supervisions and appraisals. A variety of things were discussed including training and development, annual leave, working hours, objectives and any disciplinary procedures being carried out. One staff member told us, “Supervisions are really good as it gives us one on one time to talk about any issues and to confirm we are doing our job right.” Completed supervision records were seen within staff files.

Staff told us that they could speak to any senior staff or the registered manager for support at any time, the registered manager was always available. The registered manager told us they were supported by the team, other registered managers within the organisation and their service manager.

Staff told us they received training from the provider on a variety of subjects. These included health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; dementia training. Nursing staff also received training on nursing procedures including; vena puncture and PEG (Percutaneous Endoscopic Gastrostomy) feeding. On the day of our inspection moving and handling training was being held. Staff told us that some training was face to face and other was e-learning which they were able to access at any time to ensure they kept up to date. The volunteer co coordinator told us that volunteers were able to access the same training as care staff. There were notices on the staff notice boards advertising future training and who should attend. The registered manager kept a training log which listed all of the staff and training delivered, it included the date of last training received and the date when next needed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on

what we find. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. Staff we spoke with had knowledge of the MCA and DoLS and were aware that some DoLS had been applied for. The registered manager informed us that she had applied for DoLS for some of the people who used the service. These were in the process of being assessed. This demonstrated that people were protected from being deprived of their liberty unlawfully.

People told us staff always asked for consent. One person said, “Staff always ask me if it is alright to help me with anything.” We observed staff gain consent before any activity, for example; entering people’s rooms, providing care and support and speaking with an inspector. Within care records we saw that people had signed for consent to care and support and for staff to read their care plans. Some people had Do not Attempt Cardio Pulmonary Resuscitations (DNACPR) in place. These had been completed correctly with involvement of professionals, the person and family where appropriate and staff were aware of who the people were.

People told us the food was nice, one person said, “The meals are very nice, sometimes I cannot eat it all.” Another said, “I have been diagnosed as a diabetic and need to lose weight, the staff are helping me with this with portion sizes.” A relative said, “Wonderful food.” Staff told us they offer people choices of main courses and puddings, but if they do not want either, the catering staff will prepare something else. We spoke with the catering staff; they knew who had a special diet and how to cater for these. Most food was prepared and cooked fresh on a daily basis. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. There were plenty of drinks and snacks available throughout the day in between meals. The service had been awarded five stars from the local authority food hygiene rating scheme. The registered manager told us that if anyone had a problem with nutrition, they would call in assistance from a dietician

People told us they saw the doctor, or other health care professionals when needed. One person told us, “I was poorly last week but was attended to immediately.” Documentation in people’s care plans showed that health

Is the service effective?

care professionals including district nurses, complex care team, opticians and chiropodists had been involved in people's care. This demonstrated that staff ensured people had access to appropriate health support when required.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said, “All the staff are lovely.” A relative said, “When mum gets concerned about things, staff always offer reassurance and settle her.”

We observed positive interactions between staff and people. For example; one person was calling from their room, a housekeeper was nearby, and they went in and spoke to the person reassured them, telling them they would get a member of the care staff, which they did. Staff were chatty with people and there was a positive atmosphere. People told us that staff responded to their requests for help, one person said, “When I press my bell staff come straight away.” This was observed during our inspection.

Care plans were kept in individuals rooms to enable staff to update the daily records as soon as they carried out any care or support. Staff told us this was better than them being in an office as they did not have to remember what they had done at the end of a shift; records were kept up to date.

Staff demonstrated they knew people’s needs and preferences well. We observed staff chatting to one person about their family and what they used to do for work. Both were fully engaged and other people began to join in. Staff were able to tell us about individuals and the contents of their care plan. This demonstrated that staff knew the contents of peoples care plans and what was important to them.

People told us they were involved in making decisions about their care. A relative said, “We feel that here mum is a

person, where staff know her and us and we work well together as a team caring for mum.” Another said, “The staff are very caring and communicate with us about mum’s needs and any changes. Staff told us that they had a meeting every six months with the person using the service, the key worker, nurse and family to update the care plan, but it was reviewed and updated as necessary between meetings to ensure care and support being provided was appropriate.

The registered manager told us that the service had access to an advocacy service if required. This was advertised on the notice boards and also within the service users’ guide.

People told us they were always treated with privacy and respect. One person told us, “Staff are always very polite, and never enter my room without knocking.” Throughout our inspection we observed staff respecting people’s privacy and treating them with respect and dignity.

Staff told us that although there were different levels and type of staff, there was never any division and they all worked as a team. One person said, “Every job is as important as the others, we all work to care for the people who use the service.” We observed all levels of the staff team working well together, and asking opinions when required.

People told us they were able to have visitors when they wanted. One person said, “I have visitors at all times, no one has ever said it is not convenient.” A relative told us, “I call in at all different times and it is never a problem.” Another said, “The staff are always very nice and offer us tea when we visit.” There were small areas around the home where people could sit and chat without having to go to their own rooms.

Is the service responsive?

Our findings

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we reviewed showed these had taken place.

People told us they, or their relatives, were involved in writing and updating their care plans. One person said, "My daughter knows what is in there, I am happy with that." Relatives confirmed that they were invited to be involved in the reviews, and there was evidence of this in the care plans.

Staff told us that care plans were written in a person centred way to ensure that the correct care and support was given to enable the person to be as independent as possible with support. They contained information that was person centred and included details about the person's background, their preferences, what was important to them and how they wanted to be supported. Care plans we looked at contained a full assessment of people's need and were written in a person centred way for the individual.

There were activity schedules on notice boards in each unit. People we spoke with told us there was always something going on. One person said, "We have lots of things we can join in." A relative said, "There are always activities on offer. The staff work hard planning things for people to be involved in and we have been impressed with their creativeness." There was an annual entertainment programme on the notice board which included themed days, tea parties and visiting entertainers. On the day of our inspection a church service took place. We observed staff and volunteers asking people if they wanted to attend and

taking them to the room. We also observed hand massages and other individual activities taking place. The home had a specific activity room which had a variety of books, games and jigsaws out for people to use. The home employed three activity staff who were assisted by a large number of volunteers to ensure people were given the opportunity to follow their interests.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about the day's news, what activities were on offer and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

People we spoke with knew how to make a complaint. One person said, "I would speak to [registered managers' name]." Another said, "I would speak to my son, they know what to do." A relative told us, "I had a few niggles when [name] moved in, but I spoke to [registered managers name] and they were sorted immediately." There was a complaints policy and procedure in place. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties. The registered manager told us that as she had an open door policy and was available, if there were any niggles they were dealt with before they became a complaint. All complaints were reviewed by the provider and action plans put in place if required to assist with future development.

The registered manager told us an annual survey was sent out to people who use the service and their relatives. This is carried out by an independent agency that compiled the results and sent them to the registered manager. The results for last year were seen. The overall scoring was very high with positive results. Some comments included, 'I was very fortunate to find a place here', 'everyone is so attentive,' and, 'wonderful food served here.'

Is the service well-led?

Our findings

People told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

There were strong links with the local community, especially the local church. The service had a large group of approximately 40 volunteers. They took people out and about to local activities and brought local people in to the home.

A relative told us, “The manager is available at all times; she is around the home and knows the people who live here. She is not stuck in the office all the time.” The registered manager told us that she or the deputy manager often worked on the floor alongside the staff. This gave them a good opportunity to be aware of peoples changing needs and to understand what staff were experiencing on a daily basis. Staff told us that they appreciated this as they knew the management were then aware of what was actually happening.

Staff told us they had regular meetings where they were able to voice their opinions and have them listened to. The registered manager told us that they held quarterly residents and relatives meetings. Minutes were seen which included suggestions which had been followed through.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the registered manager assisting staff and chatting with people. We also observed her on the telephone talking to a relative; it was obvious that she knew the person they were discussing as she was answering all questions.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager had systems in place to monitor the quality of the service. Weekly, monthly, quarterly and annual audits covering a variety of areas had been carried out. Documents we looked at included, fire prevention, hygiene, internal and external areas, infection control and medication. The registered manager told us that the providers’ service manager visited on a monthly basis to carry out their own monitoring visit. Copies of their report were seen which included audits on, care plans, accidents and incidents, falls and pressure care. When required, action plans had been developed and completed. We saw the report from the latest assessment, there were no outstanding actions. This ensured that the service was compliant to the regulations.