

Rearsby Home Limited

# Rearsby Home Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rearsby Home Ltd is a residential care home providing personal care to 23 people at the time of the inspection. The service operates within a purpose-built building and can support up to 27 people.

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

People were protected from the risk of abuse. Care staff had received safeguarding training and the provider had safeguarding policies and procedures in place.

People lived in an environment which was regularly checked, by the provider, to ensure that it was safe. The registered manager told us they would arrange for some minor repairs to be carried out in some bedrooms and would ensure shower hot water temperatures were controlled to remove any potential for scalding.

People were supported by enough care staff to meet their care and support needs. The provider carried out checks to ensure that the care staff employed were safe to work with vulnerable people.

People were given their prescribed medications safely, by senior care staff who had been appropriately trained.

People lived in an environment that was clean and tidy. Care staff understood how to reduce the potential for infections and wore disposable gloves and aprons when carrying out personal care tasks with people.

People had care plans in place which care staff followed to ensure people's support needs were met.

People were supported by care staff who had received the necessary training. Arrangements were in place to ensure that effective handovers took place between care staff shifts.

People told us they enjoyed the food, and people were supported to eat and drink enough to maintain a balanced diet.

People were supported to access healthcare when they needed it, and the care staff worked in partnership with health care professionals to ensure people were appropriately supported.

The care home was purpose-built and met the needs of the people living there. There were different rooms available for people to spend time in during the day, so they could follow their interests.

People were treated with kindness and compassion by the care staff. The provider ensured that people's equality and diversity needs were met.

People were involved in creating their own care plans, where they were able to.

People's privacy, dignity and independence were respected and maintained by the care staff.

People's communication needs were understood, and the registered manager ensured information was provided in ways that people could understand.

People were supported to maintain links with their families and friends. The provider encouraged people to avoid visiting the care home during meal times and after 8pm due to people's support needs.

People were enabled to plan for the end of their life, where they chose to, and were supported with kindness by care staff.

The registered manager ensured that the person's relatives were informed when any incidents occurred. The registered manager understood their responsibility to be open and honest with people when something goes wrong.

People were supported by managers and care staff who understood their roles and the need to provide a quality service.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rearsby Home Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rearsby Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection visit took place on 4 September 2019 and 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and one relative about their experience of the care

provided. We spoke with two healthcare professionals who were visiting the care home at the time of the inspection. We spoke with five members of staff including the registered manager, deputy manager, senior care staff, care assistant and cook. We observed care staff interactions with people throughout the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which care staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Water temperatures were checked regularly. However, we found the temperature of two shower units could potentially exceed safe levels. That meant there was the potential for people to be scalded. The registered manager told us they would immediately assess the risks to each person, and adjust, or replace, the shower units to remove the potential for scalding.
- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans were in people's care plans, so care staff knew how people should be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the registered manager. Changes in people's risk assessments were discussed at staff handovers. This helped to ensure people were protected from avoidable risks.
- Routine health and safety checks had been carried out, which helped to ensure the care home environment was kept safe.

Staffing and recruitment

- There were enough staff available to support the care needs of the 23 people who lived at the care home at the time of the inspection.
- The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included a full work history. Ensuring checks are carried out, on people's previous work history, helps the provider determine whether people are suitable for the job role. The registered manager told us they would obtain full employment history records for all care staff.

Using medicines safely

- Medicine management systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

- Medicines audits were in place and the registered manager told us the local Pharmacy carried out annual audits of the provider's medication records and procedures.
- Senior care assistants were trained in how to administer prescribed medicines, when people required them, and their competence had been assessed by the registered manager before they were able to supply medicines to people.
- When minor medicines recording errors occurred, the registered manager discussed them with the senior care assistants. This helped to keep people safe by ensuring that errors were not covered up and that lessons were learned from mistakes.

#### Preventing and controlling infection

- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading.
- Care staff had completed infection control training, which ensured care staff understood how to prevent and control the spread of infections.
- Personal protective equipment, such as disposable gloves and aprons, was readily available throughout the service and used by care staff. This protects people, and care staff, from acquiring infections.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents, analysed trends, and acted when needed. For example, a person moved into the care home and the registered manager identified additional support was required, because the person frequently fell over. The registered manager immediately increased the supervision the person received and provided revised care needs assessment information to social workers. That action helped to reduce the number of falls significantly. This helped to keep people safe.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The registered manager had created care plans which were updated as people's needs changed. This meant the care plans guided care staff to effectively meet people's needs.
- A care worker told us, "The care plans are in the lounge cupboard and we can see them. We also have handovers, so we know about any changes." This meant care staff were provided with relevant information on how to effectively support people.
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New care staff completed induction training, which included working alongside experienced care staff. Care staff told us that they received the training needed to meet people's individual needs. We observed care staff using their skills to support people effectively and sensitively.
- The provider had a training plan to identify care staff training needs, and arrangements were in place to ensure care staff were kept up to date with essential training.
- Care staff told us that they have regular handover sessions, team meetings and supervision meetings. This meant there was effective communication within the care team.

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

- Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's weight.
- People were supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified to prevent potential choking, kitchen staff prepared food in the way advised by health care professionals.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else.

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

- People's care plans informed care staff about people's health care needs. This meant care staff had up to date information about how to support people.
- The service had links with GPs, district nurses and other health care professionals, and people were supported to improve their health. For example, a person moved into the care home after a fall at home

which meant they lost confidence in their ability to walk. The person's mobility had improved, and they were now able to walk again by using a walking frame. That was a significant positive outcome for that person.

- Senior care assistants followed guidance, provided by a health care professional, and enabled a person to manage their own blood sugar levels and prescribed insulin medication. That meant the person was supported to safely manage aspects of their own health care needs.

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

- The care home was purpose built and the decoration, and other adaptations to the premises, met people's needs.
- People had personalised their bedrooms. However, five bedrooms had secondary wall lights which did not work, and some bedrooms required minor repairs to under sink cupboards. We found that some of the care home's towels and wash cloths, provided for individual people to use, were very worn and frayed. This was brought to the attention of the registered manager who told us they would replace the towels and wash cloths and arrange for the maintenance person to attend to the minor repairs in the bedrooms.
- People chose where to spend their time. The care home had a lounge, and a separate quiet room, which meant people had a choice of where to go if they wanted to watch television or take part in other activities. There was a patio area which people could access to enjoy the garden if they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Care staff received training, in relation to MCA and DoLS, and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.
- People were supported to have choice and control over their lives. Staff told us they supported people by offering choices and obtaining consent.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care staff were attentive to people's needs and supported people with kindness. A person told us, "The staff are good, they help me when I need it."
- All care staff had received equality and diversity training. The provider's Equality and Diversity policy set out how the care home operated to support people, and staff, from diverse backgrounds.
- People's disability support needs were met appropriately by the provider. The registered manager assessed people's equality and diversity support needs as part of the assessment carried out prior to people moving into the care home. This helped ensure a person's equality and diversity needs were considered when planning their support.

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

- People were involved in deciding their own care plans, where they had the capacity to do so. Best interest processes were in place where people did not have the capacity to make those decisions.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was maintained. A care staff told us, "If a person can do something for themselves then we encourage them to do it. If they can't then we help them."
- People were treated with dignity. A care staff told us, "Sometimes people tell us who they prefer to help them with their personal care and we follow that where we can. We make sure people are as covered up as possible when we help them with personal care." This meant people were supported to maintain their dignity.

# Is the service responsive?

## Our findings

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

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

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

- People received care and support which met their individual needs and preferences. For example, people chose whether to take part in activities in the care home, and some people chose to continue to attend activities in the community. This meant people had choice and control.
- People's care plans contained personalised information. Care plans were comprehensive and covered areas such as personal care, health care, nutritional needs and interests. This meant care staff knew how to meet people's support needs.
- Care workers were attentive to people's changing needs. A care staff told us, "We have handovers and team meetings. When things change we get to know." This meant support continued to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in care plans. That meant care staff were aware of people's communication needs and preferences.
- People's spoken language needs were met. For example, a person, for whom English was their second language, sometimes spoke in their original language. The registered manager had created a list of basic words, in that language, which care staff could use with the person. That had a positive impact on the person and helped to meet their communication needs.
- People, who had hearing impairments, were supported by care staff who used picture cards as a communication aid with the person. That meant people were supported to understand what was happening, even if they could not hear very well.
- Easy read activity posters, and other visual notices were present. That meant people's communication needs were met, and relevant information was also shared appropriately with people.

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 maintain contact with their relatives. Some people were supported to receive email messages and photographs from their relatives. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- The registered manager encouraged relatives, and friends, to visit people and had a visiting policy in

place. The registered manager told us they preferred visitors to avoid meal times and visits after 8pm. The registered manager told us this was because the care home supported several people who were living with dementia, and it was important to ensure that mealtimes were protected so people could be supported to eat and drink without becoming distracted.

- People were supported to maintain friendships. For example, one person chose to continue to attend a local day centre where they could maintain contact with friends they had in the local community.
- The provider encouraged relatives to join in with planned social activities, such as Christmas parties. This enabled people to maintain their family links if they chose to.
- People took part in activities at the care home. Care staff told us they would like to increase the variety and frequency of activities. For example, people told us that they enjoyed the art and music activities that were provided occasionally.

#### Improving care quality in response to complaints or concerns

- The provider had received no formal complaints about the care home in the 12 months prior to the inspection. However, there was a complaints policy in place and details of how to make a complaint, or give feedback on the service, were on display.

#### End of life care and support

- People's wishes for their end of life were included in their care plans. Staff told us, "I know who has a DNAR in place, the details are in a folder in the office, so we can get them quickly if we need them." DNAR means Do Not Attempt Resuscitation and is a document signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ratings from our previous inspection were not displayed. The provider was displaying the inspection report dated 2 June 2015 instead of the inspection report dated 18 March 2017. This was brought to the registered manager's attention who told us that was an oversight and immediately put the correct inspection report on display. It is important that visitors can see and read our report.
- The registered manager supported the care staff to provide person centred support which achieved good outcomes for people. For example, since moving into the care home, the frequency of a person's falls, and consequent injuries, had reduced following the implementation of additional 1:1 support for the person. That was a significant positive outcome for that person.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "I think we are all quite happy here. We all get on well together and we work as a team."
- The registered manager provided supportive leadership. Care workers told us the registered manager, and deputy manager, were approachable and they felt supported by them.

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

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.

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

- A quality assurance system was in place to monitor the quality of the service. This was generally effective but had not identified the potential for the shower hot water temperatures to exceed safe levels. However, the registered manager took immediate action to rectify the situation when we brought it to their attention.
- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of regulatory requirements.

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

- The provider asked people and relatives to contribute their views on the service through an annual satisfaction survey which the registered manager reviewed and acted on.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's Equality and Diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure that people received the care and support they needed.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.