

Mentaur Limited

Rushwell House

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

Rushwell House is a residential care home for up to eight people with learning disabilities. There were seven people using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a registered manager who had been the manager of the service since 27 September 2019.

Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People's medicines were managed in a safe way. Staff followed care plans which guided staff how to keep people safe. People's risk assessments were reviewed regularly or as people's needs changed.

There were enough staff deployed to meet people's needs, further recruitment was taking place to increase people's support for activities. Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. The registered manager responded to complaints using the providers policies.

The registered manager and provider were aware the building required improvements to ensure the building continued to meet people's needs as their needs changed.

The registered manager continually monitored the quality of the service, identifying issues and making changes to improve the care. Staff were involved in making improvements following incidents and lessons

learnt were clearly communicated. The registered manager promoted a staff culture which was open and honest.

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

Rating at last inspection

The last rating for this service was Good (published 14 July 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.

Rushwell House

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 undertaken by an inspector and an inspection manager on 17 January 2020 .

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 both the registered manager 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

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 had not requested any information from the provider before the inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

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

We spoke with four members of staff including two support workers, the registered manager and the quality and compliance manager.

We reviewed a range of records. This included two people's care records and medicines 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 policies and procedures were reviewed.

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

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. Staff told us they reported concerns to the registered manager.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- The registered manager had raised concerns appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted people's independence by supporting people to understand and reduce risks associated with taking part in their planned activities and travel.

Staffing and recruitment

- There were enough staff deployed to provide people with the personal care and support they needed. The registered manager was recruiting more staff to ensure people could attend all of their planned activities.
- Staff were recruited using safe recruitment practices whereby references and their suitability to work with the people who used the service were checked.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and safe food handling.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Using medicines safely

- People were assessed for their ability to manage their own medicines; people received their medicines safely as staff followed the provider's policies and procedures.
- People were supported to become independent with their medicines where they chose to. Their medicines were available in easy read format to help promote their understanding.
- Staff received training in safe medicines management and understood their responsibilities.
- The registered manager audited people's medicine records and acted where issues had been identified.

Learning lessons when things go wrong

- The registered manager was pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

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 Good. At this inspection this key question has remained the same. 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 before they commenced using the service to ensure staff understood people's needs and preferences.
- People could stay at the home for a trial period before moving in. This enabled them to see if the home suited their needs and they were compatible with the people living at the home.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example, moving and handling and mobility tools.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles. One new member of staff told us, "I had two weeks of on-line training and shadowing. It was very helpful as I got to know people."
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received on-going training to ensure they could continue to meet people's needs. Areas of training which were booked as they required updating included the management of epilepsy, moving and handling and restraint.
- Staff received regular supervision and guidance to support them in their roles. One member of staff told us, "The supervision helps, it checks I am doing the job properly, or if not, I learn from it."

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

- Staff ensured people could plan and choose what they ate at mealtimes. Where possible people were supported to buy and prepare their meals.
- Staff knew people's dietary requirements and ensured people received these.
- People's weights were monitored regularly where required for health reasons; people were supported to adjust their diet to manage their weight.

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 to make healthier life choices such as diet and exercise.
- Staff supported people to attend planned health appointments, such as chiropodist, dentist, optician and

breast screening.

- Staff referred people to their GP or other medical services when they showed signs of illness.
- Staff worked closely with the learning disability teams at the commissioning local authorities to manage and maintain people's care in line with people's wishes.

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

- People's bedrooms were personalised and reflected people's individuality.
- The kitchen was being upgraded and there were plans to improve the garden in the spring. People had used the garden regularly in the summer.
- A stair lift was used regularly to the first floor. The provider was aware the current building had limitations; they were assessing people's future needs to plan how they were to adapt the building to meet their changing needs.

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 were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The registered manager confirmed one person using the service was currently subject to restrictions to their liberty under DoLS.

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

- People received care from staff who knew them well. They had formed good relationships with people. One person told us, "The staff are good, they help me."
- People told us staff were kind and friendly. A visitor told us, "I always find [Name] is happy here, the staff are lovely."
- Staff took pride in people's progress and spoke positively about the people they cared for.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure. The registered manager was arranging for suitable storage of archived notes.

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 and where appropriate, their relatives had been involved in creating and updating their care plans.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, where they received their care.
- People were allocated a member of staff to be their key worker. People met with their key worker monthly to discuss their care and set goals.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities. One member of staff told us, "Name buys soft toys and fills their bedroom, we help them to manage this by supporting them to donate these toys when the room gets too crowded."

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 their relationships with their families and friends. Staff respected people's rights to develop personal relationships and supported people to stay safe.
- People were helped to pursue their hobbies and pastimes. People took part in activities that were personal to them and in joint activities. Where one person could not take part in swimming due to poor health, they were supported to attend to spectate, so they could still socialise until their health improved.
- People's plans included people's aspirations and how to achieve these.

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.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. The service user's information and complaints were made available in pictorial format for easy read.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- People had the opportunity to raise concerns verbally with staff at regular key worker meetings.

- The registered manager had responded to the one complaint they received which related to the quality of the coffee, this had been resolved.

End of life care and support

- People were given the opportunity to record what was important to them at end of life.
- Staff supported people to express themselves when people from their social group had died. People told us about their feelings and how they shared these with staff.

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

- There was a registered manager who had registered with CQC in September 2019. They were supported by the provider to manage the home and develop their learning.
- Staff told us they felt supported by the registered manager and believed people liked living at Rushwell House. One new staff member said, "I find it to be very homely and people have been here a long time, they are comfortable here."
- Staff told us they were happy working at the service. One member of staff told us they worked long days but said, "It doesn't feel like (a long day) as it is such a good 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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The registered manager supported staff to learn from incidents and actions taken.

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

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, they worked together with staff to complete the action plans to resolve the issues.
- The provider and registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People and their relatives were asked for their feedback through formal surveys. The comments received were all positive, one relative had written, "[Rushwell House] is a secure, welcoming and caring environment."
- Staff told us they felt listened to. For example, one member of staff said, "At team meetings we talk about important things like safeguarding and people's mental capacity. We also talk and learn from things that

have happened."

- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The registered manager had a good working relationship with people's GPs, district nurses and health teams.
- There was a close working relationship with the community learning disability teams from each person's local authority who commissioned their care.