Rushcliffe Care Limited

Matthews Neurorehab Unit

Inspection report

Epinal Way Care Centre
Epinal Way
Loughborough
Leicestershire
LE11 3GD

Tel: 01509217666
Website: www.rushcliffecare.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

This inspection took place on the 23 and 24 March 2016. The first day of our visit was unannounced.

At our last inspection carried out on 10 November 2014 the provider was not meeting the requirements of the law in relation to consent to care and treatment. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that they had.

Matthews Neurorehab Unit is located in the town of Loughborough, Leicestershire. It is a 38 bed service for people with care and support needs arising from neurological conditions. The service includes a multi-disciplinary team which consisted of an occupational therapist, speech and language therapist, physiotherapists and nursing and care staff. Facilities included a physiotherapy gym and spa pool to help people with their rehabilitation. On the day of our inspection there were 21 people using the service.

The service had a registered manager. 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 told us they felt safe living at Matthews Neurorehab Unit. Their relatives agreed with them.

The staff team were aware of their responsibilities for keeping people safe from harm.

People's needs had been assessed prior to them moving into the service and the risks associated with people's care and support had been assessed and managed.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting well.

People using the service were treated with kindness and good humour and their dignity was respected.

People had received their medicines as prescribed. Systems were in place to regularly audit the medicines held and the appropriate records were being kept. Although prior to our visit there had been no contract in place for the safe disposal of waste medicines, this had been addressed by the time our inspection was completed.

Recruitment checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received training relevant to their role within the service and on-going support had been provided.

We asked people if they felt that there were enough staff on duty to meet people's needs. We were told that whilst people's personal care and support needs were being met, not everyone felt that people's social needs were always being met. The registered manager told us that they would monitor the staffing levels so that appropriate numbers of staff were deployed on each shift.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People told us they had a choice of meals at mealtimes.

People who used the service had access to the required healthcare services and received on-going healthcare support.

People were supported to make day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, we saw that decisions had been made for them in their best interest and in consultation with others.

Staff meetings and meetings for the people using the service and their relatives had been held. These meetings gave people the opportunity to discuss the service being provided and to be involved in how the service was run.

The staff team felt supported by the registered manager and the management team. They felt able to speak with them if they had an issue or concern of any kind and they felt listened too.

A complaints process was in place and this was prominently displayed throughout the service. The people using the service and their relatives were aware of who to talk to if they had a worry of any kind and were confident that these would be addressed.

Systems were in place to regularly check and monitor the quality and safety of the service being provided.

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.

The staff team knew their responsibilities for keeping people safe and free from harm.

An appropriate recruitment process was followed to make sure only suitable people worked at the service.

On the whole there were enough staff on duty to meet people's care and support needs.

People received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

The staff team had the skills, knowledge and support they needed to be able to meet the needs of those in their care.

The principles of the Mental Capacity Act 2005 were understood by the staff team working at the service.

People were supported to access healthcare services and a dedicated therapy team was employed to support people with their rehabilitation.

Is the service caring?

Good

The service was caring.

The staff team were caring and kind and treated people with respect.

Positive relationships had been formed between the staff team and the people using the service and support was provided in a considerate manner.

People were able to make choices about their care and support on a daily basis.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they moved into Matthews Neurorehab Unit and they had been able to contribute to the planning of their care.

People were supported to maintain relationships with those important to them.

People knew the process to follow and who to speak with if they had a concern of any kind.

Is the service well-led?

Good

The service was well led.

The staff team were aware of the provider's aims and objectives and they felt supported by the registered manager.

There was a quality monitoring system in place to check the quality of the service being provided.

People had the opportunity to share their thoughts on how the service was run.

Matthews Neurorehab Unit

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.

This inspection took place on 23 and 24 March 2016. The first day of our visit was unannounced.

The inspection team consisted of one inspector, two specialist advisors 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.

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.

Before our visit we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 21 people using the service. We were able to speak with eight people living at Mathews Neurorehab Unit. We also spoke with a visiting health professional, six relatives and ten members of the staff team, the registered manager and two members of the senior management team.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with and it helped us to understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care, two of which were looked at in detail. We also looked at associated documents including risk assessments. We looked at three staff recruitment and training files and the quality assurance audits that the management team completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Matthews Neurorehab Unit and they felt safe with the staff team who supported them. One person told us, "I feel safe." When we asked another person if they felt safe living at the service they gestured with the 'thumbs up' sign.

Relatives we spoke with agreed that their loved ones were safe and well cared for. One relative told us, "My son is absolutely safe here." Another explained, "[Their relative] is very safe here, I have no concerns, they [the staff team] do a good job."

The staff team were aware of their responsibilities for keeping people safe. They knew the different types of abuse to look out for and explained the procedure to follow if a concern was identified. This included informing the registered manager. One staff member explained, "I would report anything to [registered manager] straight away." Another explained, "I would report anything without hesitation, any form of abuse is unacceptable." Training on the safeguarding of adults had been provided to the staff team and this was being refreshed on a regular basis. This was to make sure that the staff team understood their roles and responsibilities around safeguarding.

Both the registered manager and the registered nurses we spoke with were aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the Care Quality Commission (CQC).

The risks associated with people's care and support had been assessed and reviewed on a regular basis. These included the risks associated with the moving and handling of people and the risks linked to people's nutrition and hydration. This showed us that the risks associated with people's health and welfare had been minimised where ever possible. The risk assessments seen during our visit were effective and reflective of people's current situation.

Checks had been carried out on both the equipment used to maintain people's safety and on the environment. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place in people's plans of care. These showed how each individual must be assisted in the event of an emergency and an emergency plan was in place in case of foreseeable emergencies.

The provider's recruitment procedures had been followed. This included obtaining references and completing a check with the Disclosure and Barring Scheme (DBS) prior to a new member of staff commencing work. A DBS check provides information as to whether someone is suitable to work at this service. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the Nursing and Midwifery Council (NMC). Nurses can only practice as nurses if they are registered with the NMC.

People we spoke with felt that generally there were enough staff on each shift to meet their needs, though

one person told us, "There are probably not enough staff at night." A relative we spoke with felt that there were enough staff on duty, they told us, "At the moment there are enough staff." Another relative however felt there were not. They told us, "There are certainly not enough staff for the Unit." The majority of staff members we spoke with told us that there were enough staff on duty to meet the current needs of the people they were supporting though three disagreed with this statement. One staff member told us, "There are not always enough staff and it is difficult sometimes to follow people's care plans." Another explained that staffing very much depended on the day as some days were quiet and then other days everyone wanted to go out.

During our visit we observed people receiving the care and support they needed at the time they needed it. We discussed the current staffing levels with the management team who assured us that people's needs were assessed and staffing levels were determined by this. They told us they would monitor the staffing levels to ensure that appropriate numbers of staff were deployed on each shift.

People we spoke with told us they received their medicines as prescribed. One person told us, "I get my medicines at the same time every day."

We looked at the way people's medicines had been managed. People had received their medicines as prescribed and medication administration records (MAR) had been completed. We looked at the MAR's. We saw that all but one had a photograph of the person to aid identification. This had been addressed by day two of our visit. Having photographs in place reduced the risk of medicines being given to the wrong person.

Where people had medicine on an 'as required' basis, such as pain relief, protocols were in place. These provided the nurses with information on when, why and how these medicines should be administered. These medicines were recorded on a sheet separate to the MARS which was a good way to show people's patterns of need. For people who were unable to verbally communicate their needs, information regarding signs to look for was included on their MAR. This included for one person, using the 'thumbs up' sign and for another, a specific look on their face. This meant that the nurses could determine if people were in need of their 'as required' medicine.

We observed the nurses during their medicine rounds. They had a good understanding of people's needs and supported people with their medicines in a patient and caring manner.

We found medicines were stored securely and the drug trolley was consistently kept safe during the medicines rounds.

At the time of our visit we noted that there was no contract in place for the safe disposal of waste medicines and these were currently being returned to the pharmacist who was supplying them. As a registered nursing home Matthews Neurorehab Unit is required to have its own medicines waste disposal arrangements. A contract for this had been secured by day two of our visit.

Good

Is the service effective?

Our findings

At our last inspection we found that the registered person had not protected people against the risk of receiving care and treatment without their consent or in line with the Mental Capacity Act (MCA) 2005. The MCA is a law that protects people who do not have mental capacity to give consent. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address this.

At this inspection we looked to see that decisions about people's daily lives had been completed in line with the MCA. We found that they had.

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

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

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 were being met. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit five people using the service had an authorised DoLS in place and the conditions of these authorisations were being met.

Mental capacity assessments were included in the records we looked at. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well. We did note that at times only one staff member had been involved in the decision making process. We discussed this with the registered manager as it would be good practice to involve more professionals in this process.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always get people's consent before I assist them. If they [people using the service] can't tell me, they can do movements that can tell me if they are happy for me to help them."

Staff members had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS.

People we spoke with told us that they thought the staff team had the skills and knowledge to meet their care and support needs and they looked after them well. One person told us, "I would say the staff look after me very well." When we asked another person if they thought the staff team had the ability to carry out their roles and responsibilities within the service properly, they gave us the 'thumbs up' sign.

Relatives we spoke with felt that their loved ones were well cared for. One relative told us, "The staff are well trained and the physio is great." Another explained, "My son is provided care suitable for his illness."

The staff members we spoke with told us that the registered manager and the management team were very supportive and always available if they needed any help or advice. One staff member told us, "I feel very much supported since [members of the management team] came." Another explained, "I do feel supported, you can approach [registered manager] about anything and [deputy manager], they are both very good."

The registered manager explained that new members of staff had been provided with an induction into the service and training suitable to their roles had been completed. Staff members we spoke with and the training records we looked at confirmed this. We saw that Infection control training, food safety training and moving and handling training had all been completed in the last year. Training specific to people's healthcare needs and specialist training relating to a brain injury had also been provided from onsite professionals. One staff member explained, "The training has got much better since [the registered manager] came. She is very keen on updating our training. We had training with [therapy team member] yesterday, it was very interesting."

We asked people what they thought of the food served at Matthews Neurorehab Unit. One person told us, "The food is ok, I have a choice." We saw that the cook had access to information about people's dietary needs. They were knowledgeable about the requirements for people who required soft or pureed food and for people who had food allergies. There was a four week menu in place which provided a variety of foods and choices. For people unable to verbally communicate, picture aids were used. This enabled people to make their preferred food choices known.

Advice on how to meet people's nutrition and hydration needs was available from the in house speech and language therapy team and outside professionals. We saw that food and fluid charts were in place for those who were at risk of dehydration or malnutrition. These had been completed, the recommended fluid intake was clear and the total amount people drank was tallied. This meant that the staff team could monitor that they had given the person the correct amount of fluids they needed to keep them well.

Where people were unable to maintain adequate nutrition through oral intake a percutaneous endoscopic gastrostomy or PEG feed was used. This was maintained by the staff team working at the service to ensure people received the nutrition they needed.

People using the service had access to the relevant health professionals such as doctors, opticians and dieticians. The plans of care we looked at demonstrated that when changes in people's health had occurred, the appropriate action had been taken. This included contacting the tissue viability nurse and the dietician for their professional input. One person told us, "If I need to see a doctor, dentist etc., I ask a member of staff and they sort it."

A dedicated therapy team, including physiotherapists, a speech and language therapist and an occupational therapist was also employed to support people with their rehabilitation.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received and happy with the staff team that supported them. One person told us, "They look after me very well." A relative explained, "They [the staff team] have done a lot for [their relative], she has come on a lot since being here."

We observed support being provided throughout our visit. We saw that positive caring relationships had been developed and we observed good interactions between the staff team and the people using the service. Staff had a very good understanding of people's needs. People were treated with kindness and support was provided in a good-humoured manner.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was maintained. One staff member explained, "I always close the door and the curtains [when providing personal care] and when I'm washing someone I make sure they are covered. I make sure that they are ok with everything I do." Another told us "I treat people how I would treat my mother or grandmother."

One of the people we spoke with explained that the staff team encouraged their independence as much as possible. They told us, "I am as independent as I can be." The staff members we spoke with also explained about promoting people's independence whenever possible. One staff member explained, "Our aim is to get people to a place where they can do things for themselves."

We looked at people's plans of care to see if they included details about their personal history, and their personal preferences within daily living. We found that they did. For example, one person's plan of care told the reader that they liked a wet shave and liked to use certain toiletries. When we visited this person in their bedroom, these preferred items were in use and a staff member we spoke with confirmed that they supported them with a wet shave.

Advocacy services were available for people who could not easily make decisions for themselves or who did not have the support of a family member or a friend. This meant, if needed, there was someone available to speak up on their behalf.

A confidentiality policy was in place and the staff team we spoke with were aware of their responsibility to maintain people's confidentiality. We did note that a notice board in the main office, which was visible to visitors, contained some confidential information. We shared this with the registered manager who immediately addressed this concern.

During our visit we noted that when some people were in their bedrooms, their bedroom doors were left open. When we checked their plans of care, their wishes as to whether they wanted their bedroom door left open or closed was not recorded. We could not therefore determine whether having their bedroom door open was their wish or not. The registered manager addressed this issue by day two of our visit. People were asked their preference, it was recorded in their plan of care and the staff team observed people's wishes.

People we spoke with told us that their relatives and friends could visit them at Matthews Neurorehab Unit and they were made welcome by the staff team. Relatives we spoke with confirmed this. One relative explained, "I am always made very welcome." Another told us, "I am always made welcome, the staff are very friendly."

Good

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "[Relative] was fully involved with regard to the help that [their relative] receives."

The registered manager explained that people's care and support needs were always assessed prior to anyone moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Relatives we spoke with and records we checked confirmed this. From the original assessment a plan of care had then been developed.

We looked at three people's plans of care, two of which we looked at in detail. This enabled us to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that they did. We found that they included the needs of the person and how the person wanted their needs to be met. The plans of care we looked at covered areas such as respiration, communication, nutrition, sexual needs, repositioning, sensory stimulation, mobility, spiritual needs and personal care. They were written in a person centred way and included people's personal preferences. Care plans were informative and instructed the staff team exactly what they needed to do to meet that person's needs.

People also had a 'getting to know you' plan. This provided the reader with an insight into the person's past history and included information on the hobbies and interests they enjoyed before moving into the service. It was evident when talking to the staff team that they were aware of people's individual likes and interests. This knowledge and understanding of the people they were supporting enabled the staff team to provide more person centred care.

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. People using the service and/or their relatives had been involved in the reviewing of the plans of care we looked at.

The in house therapy team supported people who were unable to verbally communicate with the use of aids and adaptations. These included electronic keyboard and screen devices which enabled people to communicate with the staff team and their relatives.

During our visit we observed the staff team supporting people. It was evident that they were completing the care and support tasks required, though there seemed little time left for staff to interact and socialise with people, with the exception of meal times. Staff we spoke with felt that the people using the service were well cared for but they told us that they did not always get to spend time with them assisting with activities, exercise or community visits. An activities coordinator was employed for 40 hours a week and they did support people with activities that they enjoyed including a daily look at the newspapers. The in house therapy team also provided regular support to people. One person we spoke with told us, "I have physio every day at 1.30pm Mon-Fri." On the second day of our visit, one of the people using the service was supported to access the spa pool facilities and another group of people were supported to watch a film of

their choice.

People told us they felt comfortable raising any issues of concern and were confident these would be dealt with properly. One person told us, "I would see the manager if I had a complaint or concern." A relative told us, "I would make a complaint if I needed to and I would ensure it was acted on." Another relative explained, "I would speak with [the registered manager or deputy manager], they are 100% approachable and would act."

A formal complaints process had been followed when a complaint had been received and a copy of the process was displayed for people's information. This was available in both written format and picture format so that more people could access it. We looked at the complaints records and found that when a complaint had been received this had been acknowledged and looked into. Where it had been identified that changes to practice were needed, this had been actioned. This showed us that people were able to share their concerns and these were taken seriously.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the service was properly managed and the registered manager and the nurses were open and friendly. One person told us, "I know the name of the manager, she is lovely." When we asked another person if they felt that the registered manager and the nursing team were approachable, they gestured with the 'thumbs up' sign.

Relatives we spoke with told us that the management team were approachable and always available to talk with. One relative told us, "The manager is very approachable." Another explained, "We have had every faith in all of them [the staff team] from day one. [The registered manager and deputy manager] are very approachable and do their very best."

Staff members we spoke with told us they felt supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "It's much better here since [the registered manager] came, It's improving, we pass ideas to [the registered manager] and she takes them on board, the care is good here." Another explained, "She [the registered manager] is great, she wants to make sure I get all that I need to grow In my role, she will help in any way."

Staff meetings had taken place. During these meetings issues relating to the service had been discussed. These included a discussion on always obtaining people's consent and the importance of staff supervision. These meetings also provided the staff team with the opportunity to be involved in how the service was led. One staff member told us, "We have regular meetings. We look at blips and see how we can improve."

People using the service and their relatives were encouraged to share their thoughts of the service they received. People told us that meetings were held and notices were displayed showing the dates for the next meetings. We looked at the minutes of the last meeting attended by the people using the service which was held on 3 March 2016. These showed us that discussions regarding the food being provided, the cleanliness of the service and the support that people received had taken place. Comments received from the people using the service were positive and no concerns were raised. A relative meeting had also been held the day prior to our visit. We saw that a concern that had been raised in this meeting had been addressed at the staff handover meeting held on the day of our visit.

Surveys had also been used to gather people's views of the service provided. Following the return of the most recent surveys, a 'You Said….We Did' action plan had been developed and this was displayed on the service's information board. One of the comments in the 'You said' section showed that a person was unhappy about the portion sizes at meal times. In the 'We did' section we saw that a meeting had been held with the kitchen staff to address the concern. This showed us that people's comments about the service had been taken seriously and actions had been taken to address people's concerns and requests.

There were systems in place to check the quality and safety of the service being provided. Both weekly and monthly audits were being carried out on the medication and corresponding records held. Monthly audits

had also been carried out on people's plans of care. The registered manager had carried out regular checks to monitor accidents and incidents, health and safety and infection control and regular audits had been carried out on the environment and on the equipment used. Where issues had been identified within this auditing process, action plans had been developed to address these. This showed us people using the service, visitors and staff were protected by a service that was properly monitored and well maintained.

The staff team were aware of the provider's aims and objectives and a copy of these were displayed at the service for people to view. One staff member told us, "It is to provide the best quality service and for people to receive individual, personalised care from people who are competent and skilled."

The registered manager understood their legal responsibility for notifying the Care Quality Commission of certain events that happened at the service. These included any serious injuries, any allegations of abuse and any death of a person using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.