

Methodist Homes Rushden Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rushden Park is a nursing home providing personal and nursing care for up to 68 people. At the time of inspection, 52 people were being supported by the service.

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

People had individual risks assessed with strategies in place to mitigate risks. However, staff did not always follow the strategies.

Some people's care needs were not met in a timely manner. Staff told us there was not always enough staff on shift.

Checks were in place to ensure the environment was safe.

Medicines were administered and stored safely.

People were protected against infection. Staff wore appropriate personal protective equipment (PPE) and the home was clean.

Auditing and oversight of care records required improvement.

We received mixed feedback from staff regarding the registered manager and the support they received.

People and relatives spoke positively about the care provided and people were supported to stay in contact with their loved ones.

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 17 January 2020).

Why we inspected

We received concerns in relation to staffing levels, pressure care and food and fluid management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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?

This service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Rushden Park

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor. One inspector conducted telephone calls off site to gain feedback from staff. A specialist advisor is a person with professional expertise in care and/or nursing.

Service and service type

Rushden Park 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

We gave the service 24 hours' notice of the inspection.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, nurses, care workers, domestic staff and the chef.

We reviewed a range of records. This included five people's care records and multiple records in relation to pressure care and food and fluid. 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.

After the inspection

We continued to seek clarification from the administration manager and registered manager to validate evidence found.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment

- People had individual risks assessed, with strategies in place to mitigate these risks. However, records showed that staff did not always follow these strategies. For example, people who had been identified as at high risk of pressure sores required support from staff with repositioning at timed intervals. Records viewed showed that repositioning had not taken place as per people's risk assessments. This meant that we could not be assured that repositioning had taken place as required.
- Some staff told us that at times, there was not enough staff to meet people's needs in a timely manner. During the inspection, we identified no concerns in relation to the staffing levels. However, records showed that care needs were not always met in the timescale required. For example, two people's risk assessments stated they required support with their continence every three to four hours to reduce the risk of pressure sores. Records showed that staff did not always meet this need within the required timescale.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The service had a maintenance person who was responsible for ensuring the environment was safe for people including regularly fire safety and water temperature checks.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their loved ones felt safe. One relative said, "Staff try and keep [person] safe. There is a crash mat and alarm mat in place as [they] try to get out of bed."
- Systems and processes were in place to protect people from the risk of abuse and we saw evidence of referrals being made to the local authority safeguarding team. Investigations had been completed by the registered manager where required.
- Staff received training on safeguarding and understood how to recognise and report abuse. Staff told us that they would report any concerns to the nurses or registered manager.

Using medicines safely

- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed.
- Body maps and charts for topical cream administration were in place.

- Medicines were administered by trained staff who were observed during the inspection to be administering medicines safely with the involvement of people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.

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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Current auditing systems had not identified the gaps in recording for repositioning and continence care identified at the inspection. Following feedback, the registered manager took action to address the concerns which included supervisions with the staff involved in checking these records.
- The registered manager completed monthly call bell audits to ensure staff responded to them in a timely manner.
- The registered manager understood the regulatory requirements to report incidents and events to CQC. Our records showed these had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider used an independent organisation to collect and collate feedback from people on the care provided. At the time of the inspection, the service was in the process of reviewing the responses from people living at Rushden Park. We saw evidence of regular information updates being sent to staff via email.
- We received mixed feedback from staff regarding the registered manager and the support they received. Not all staff felt that they could approach the registered manager directly and said they would raise their concerns with the nursing staff instead.
- Staff had supervision meetings however, some staff told us that the discussions held were limited and that they found them in-effective.
- Relatives told us staff were available to speak to on the telephone if required to gain information and updates regarding their loved ones. One person told us staff were approachable and always happy to have a chat.

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

- People and their relatives spoke positively of the care people received. One relative said, "Staff are very pleasant. [Person] has got particular carers and nurses that look after them. They are very friendly and helpful."
- People were supported to stay in contact with their family during the pandemic. This included window

visits, telephone calls and video calls.

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 their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Complaints were appropriately recorded and managed. Relatives told us that they would speak to staff or the registered manager if they had any concerns.
- Relatives told us that they were informed by staff if their family member had an accident or an incident.

Working in partnership with others

- Staff made referrals to external healthcare professionals when required. For example, where people had been identified as losing weight, referrals were sent to the dietician and recommendations were followed.
- We spoke to visiting professionals who said that staff were caring and receptive.