

Methodist Homes Rushden Park

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

Rushden Park provides nursing care and support for up to 68 older people. The home is situated in Rushden Northamptonshire. At the time of the inspection there were 65 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

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

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service

well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Rushden Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 15 March 2017 and was unannounced.

The inspection was carried out by two inspectors 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 service.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in February 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration and activities.

We spoke with eight people who used the service and five relatives of people who used the service. We also spoke with the manager, the deputy manager, the quality business partner, five nurses, eight health care assistants, two laundry staff, one kitchen assistant, the cook, an activity coordinator, one volunteer, and two chaplains.

We reviewed six people's care records, six medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. Staff told us that they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member said, "We are here to protect the residents from harm. I witnessed a resident being treated inappropriately once and I reported it to the manager." A second staff member commented, "I know about the different types of abuse and would definitely report anyone if I saw them treating the residents in an unkind manner."

Staff told us risk management plans were in place to promote people's safety and to maintain their independence. They were able to explain how risks to people were assessed to ensure their safety and protect them from harm. One staff member said, "The risk assessments are clear and easy to follow. If there is a change to a resident's mobility we would inform the nurse and their risk assessment would be reviewed." We saw that risk assessments had been developed for moving and handling, falls, bedrails, skin integrity and malnutrition. They were reviewed monthly or as and when a person's needs changed

The provider had a business continuity plan to be used in the event of total evacuation. This was to ensure people would still receive the care and protection they required and had recently been reviewed.

Staff were recruited following a robust procedure. One staff member said, "I had to attend a face to face interview and provide two references and proof of identity. I did not start work until I received my DBS check." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

Staff told us that people's medicines were managed safely. One staff member said, "We do not administer medicines anymore, only the nurses." The nurses we spoke with confirmed this and told us that their knowledge and skills on the safe handling of medicines were regularly updated and their competencies were regularly assessed. We observed the lunch time medicines and found that they were administered in line with best practice guidelines. Medicines were stored correctly.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "Even if you have worked in care before, you have to be inducted. My induction lasted for about four weeks." Another staff member commented, "We get all the training we need and have to update our knowledge and skills on a regular basis. The manager or the deputy manager usually makes us aware when our training needs to be updated." We saw a list was displayed with staff names and the training that required updating. We also viewed the up to date training matrix which showed when training had been completed and was next due.

Staff told us they received regular supervision, and an annual appraisal of their performance. One staff member commented, "We have one to one supervision every eight weeks. Sometimes we have group supervision with the manager, which is like a training exercise or reflective practice." We saw records which showed staff received regular supervisions and competency observations.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for their medication or their meal. People had also signed consent in their care plans for care, medication administration and taking of photographs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient amounts to maintain a balanced diet. We observed the lunch time meal. Staff told supported some people with their meals when required. One staff member said, "Some people need a lot of support and we make sure meal times are enjoyable for them." A relative said, "He [name of person] gets help with his food as he only has use of one arm and isn't mobile."

Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred. We spoke with one of the cooks who was able to demonstrate a good understanding of people's dietary needs and food preferences.

People were supported to maintain good health and to access additional health care services. Staff told us that people's health care appointments and health care needs were co-ordinated by them. If required, staff or relatives would support people to attend health appointments. Records seen demonstrated that people's healthcare needs were frequently monitored and discussed with them.

Is the service caring?

Our findings

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We rarely use agency staff and a lot of us have been here for a long time." We saw information about people's likes, dislikes and preferences and personal histories were recorded in the support plans. During our inspection we observed staff were attentive to the people using the service and provided them with reassurance. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

Staff told us that people were consulted about their daily routines and activities. One staff member said, "The residents are not made to do anything against their wishes. We involve them in with any decisions relating to their care and support needs." Records seen confirmed that people and their relatives were involved in the care planning process.

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how people were enabled to uphold their dignity. One staff member said, "[Name of person] use to be a mayor in their town. I always bow when I enter their bedroom to show them respect." Another staff member said, "We obtain information from the residents and their family about their personal life stories. It's so fascinating to read and it helps us to provide them with the respect, support and treatment that they deserve.

The manager told us that there was an advocacy service available for anyone who needed it.

We saw people visiting throughout the day. Visitors were made to feel welcome. One visitor said, "We can come when we want."

Is the service responsive?

Our findings

Staff told us before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can; and if they need any special equipment such as pressure mattresses and cushions they would be provided."

Staff had a good understanding of person centred care. One staff member said, "The residents' needs are not all the same. Some of the residents like to go to bed early and others like to get up late we respect their wishes." Another staff member said, "Some residents prefer to have their bath or shower in the evening and we comply with their request." The staff member commented further and said, "One particular resident has a fear of water and we therefore provide them with a strip wash daily." We saw that people had named key workers and nurses. This ensured that communication links between people and staff were maintained.

The manager employed one full time and two part time activity staff. Activities planned were on notice boards on both floors. These were also in pictorial format. On the day of the inspection one person was doing some gardening in one of the raised beds, he told us, "I've only been here a few weeks and I've offered to do some gardening, I like being active, and these raised beds are great".

There was a complaints procedure in place. One staff member said, "We learn from complaints and try to put things right. This makes the residents and their family to have confidence in the care provided to them." We saw past complaints had been responded to following the correct procedure.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required.

Is the service well-led?

Our findings

Staff were positive about the service. They felt they were well trained and supported and were committed to the care and development of the people the service supported. They were confident if concerns were raised the appropriate action would be taken and dealt with quickly.

Staff told us that the manager was approachable and supportive. One staff member said, "She is very fair and gets things down." Another commented, "Her door is always open." A third said, "Yes she is approachable and you can discuss anything with her."

A variety of meetings had been held on a regular basis. These included; Nurses and seniors, all staff and relatives. The heads of each department also met daily. This was to ensure all departments were aware of the day's activities.

There was a manager in post who was in the process of registering with the Care quality Commission. 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.

The manager was aware of the day to day culture of the service. It was observed they knew staff and people well as they chatted throughout the day.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place. On the day of the inspection the Quality Business Partner was in the home assisting with some audits.