Navigation Care Limited

Rushall Care Home

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
Rushall Care Home is a residential care home providing accommodation for persons who require nursing or personal care personal to up to 39 people. The service provides support to older people some of whom have dementia. At the time of our inspection there were 34 people using the service.

People's experience of using this service and what we found
Risks regarding pressure care deterioration where not always mitigated. People did not always receive the support they needed from staff with repositioning. Maintenance concerns were not always reported. People's medicines were not always stored safely. Staff were recruited safely and received an induction. Infection control procedures were in line with current government guidance. People said they felt safe in the home and staff knew how to raise safeguarding concerns.

The provider's systems and processes to provide oversight of the service delivery were not always sufficiently robust. The provider worked with external professionals though feedback from them was not always positive.

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 and update
The last rating for this service was requires improvement (published 19 February 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to tissue viability, repositioning records, weight loss, management of the home and reporting of safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this

inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rushall Care Home on our website at www.cqc.org.uk.

We have identified breaches in relation to repositioning of people with pressure care needs and the registered managers oversight systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Rushall Care Home

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and a nurse specialist advisor.

Service and service type
Rushall Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rushall Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and 19 family members. We spoke to six members of staff including the registered manager, deputy manager, nursing assistant, care assistant, housekeeper and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four visiting health professionals who worked with the home.

We reviewed a range of records during the inspection. This included nine people's care records, risk assessments and medicine administration. We looked at two staff files, including recruitment, induction, training and supervision records. A variety of records relating to the management of the service, including audits, people's feedback, policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained 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;

● Risks to people were not always monitored or managed safely. People had not always been supported to reposition themselves at intervals consistent with their care plans. We found repositioning intervals recorded for two people consistently exceeded the two-hour interval identified in their care plans. One interval between repositioning had been 11 hours and 31 minutes. A relative told us, "There are concerns and we have raised a safeguarding because [person's] skin has broken down and [person] disclosed that they were not being repositioned as often as they should have been."

● We found deterioration of people's pressure wounds had been identified by staff and management as it had been photographed by staff. However, records showed repositioning intervals continued to consistently exceed the intervals stated in people's care plans. This meant people were at increased risk of further skin damage.

● The registered manager had recently reviewed two people's pressure care in relation to repositioning due to their deteriorating pressure wounds. Repositioning intervals had been changed from four hourly to two-hourly; however, we found intervals of repositioning recorded continued to consistently exceed two-hourly.

The provider failed to ensure risks to people's safety were effectively managed exposing them to harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Guidance for staff on the management of risks to people was not always clear and was sometimes contradictory. For example, one person's care plan stated they should be repositioned every two hours; however, their risk assessment stated they should be repositioned every four hours. This exposed people to the risk of harm as staff may not follow appropriate guidance.

● Maintenance concerns from environmental risks were not always reported by staff. For example, we found broken safety glass in a doorway and sharp broken plastic on a person's bedroom door which had not been reported. The registered manager took immediate action to address these concerns.

Using medicines safely

● People's medicines were not always stored safely. For example, thickener was stored in a lockable cabinet on each floor; however, the key was in the cabinet lock on one floor and the key on top of the cabinet on another floor. The registered manager took immediate action to ensure keys were not accessible to people.

● The provider failed to ensure medicines were removed from administration when they were past the date for safe administration which placed people at risk. We found a prescribed medicine with a shelf life of one month once opened, was out of date. We confirmed the medicine had not been administered to the person

when out of date. The registered manager arranged for safe disposal.
● We found medicines prescribed to three people had been opened but not been dated. We confirmed these medicines were in date and safe to use. The registered manager took immediate action to ensure medicines were dated when opened.
● The provider had failed to ensure medicines competency assessments for staff had been completed in line with National Institute for Health and Care Excellence (NICE) guidance. For example, one staff member's competency check had exceeded 12 months. The registered manager arranged for this competency assessment to be carried out.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong
● The registered manager failed to ensure their incident and accident analysis was sufficiently robust to identify trends and patterns. For example, repositioning records were not sufficiently assessed to ensure people's repositioning intervals were carried out in line with their needs.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe and had a good rapport with staff. One person told us, "I feel quite safe; I am very happy here." Another person said, "They [staff] are wonderful here; I couldn't ask for better. I am safer here than at home."
● The provider had clear safeguarding and whistleblowing systems in place which staff knew how to effectively use. One staff member told us, "We know how to keep people safe from abuse. I would report any concerns to the registered manager, or I could whistle blow if needed; but I haven't got any concerns."
● Staff received training to know how to safeguard people from abuse. They understood how to recognise abuse and action to take. One staff member told us, "We have yearly online training."

Staffing and recruitment
● We found the provider had robust recruitment processes which promoted people's safety. We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.
● The registered manager ensured there was always a sufficient number of care staff on duty to meet people's needs. A person said, "There are plenty of staff and they are busy, but they really care for people." One staff member told us, "We always have enough staff."
● Staff received an induction prior to commencing work. One staff member told us, "I had an induction. I shadowed other staff on a couple of shifts. We had online training and then some face to face training."

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.

Visiting in care homes

There was a clear visiting procedure which facilitated people having visits from friends and family. Visitors completed Lateral Flow Tests (LFT) and had their temperatures taken. Visitors were provided with personal protective equipment (PPE) in line with government guidance before their visit began.

Requires Improvement

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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; Continuous learning and improving care

- The provider's systems to monitor repositioning time frames were not robust and failed to identify when periods between repositioning exceeded that stated in people's care plans. This increased the risk of people's pressure wounds deteriorating.
- The provider's systems had failed to identify information in people's care plans and risk assessments was not always consistent which placed people at risk of harm.
- The provider failed to ensure repositioning records were sufficiently assessed for trends and patterns. Poor analysis meant learning from incidents had not been identified.

- Systems and processes failed to ensure medicine competency assessments had been carried out annually for all staff with responsibilities for administration of people's medicines. This meant we could not always be assured people were supported with medicines by competent staff.
- Our last inspection found systems to monitor medicine management were not robust. During this inspection we found systems failed to identify concerns with the storage of medicines.

The provider failed to implement robust systems to monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The provider liaised with health care professionals and the local authority; however, we received mixed feedback. One professional told us, "We have a good working relationship with them [provider]." Another professional said, "We continue to support the manager with making the necessary improvements although find them extremely challenging and defensive."

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

- All people and most relatives we spoke with were positive about the service they received. A person said, "I can't fault this place. I was very unwell when I came here, and they sorted me out." A relative said, "I love it. I advocate for Rushall Care Home. Everybody is a family; everyone is part of it." However, one relative said, "I don't think it is as good as when [person] went a few years ago."

● The registered manager promoted a positive culture where they supported and empowered the staff team. A staff member told us, "We have very good staff and managers who are very open and easy to talk to. [Registered manager] is very hands on."
● Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. One staff member said, "I'd have no problem raising concerns if I needed; [Registered manager] is very supportive."

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 and provider understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We found the staff and registered manager involved people in their care. For example, regular meetings were held with people for their views to be heard.
● Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
● People and relatives were encouraged to input to the development of the service through residents' meetings and surveys. A person told us, "They [staff and registered manager] always ask my opinion."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Failure to mitigate risk of pressure wound deterioration

The enforcement action we took:

Issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	systems and processes failed to provide sufficient oversight of service delivery

The enforcement action we took:

Issued Warning Notice