

Rushcliffe Care Limited

The Hall

Inspection report

Epinal Way Care Centre
Epinal Way
Loughborough
Leicestershire
LE11 3GD

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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

We carried out the inspection on 21 June 2017.

The Hall provides accommodation, nursing and personal care for up to 19 people who have a mental illness. There were 9 people receiving support at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 that they felt safe. Staff understood how to keep people safe and report concerns if needed. The registered manager had ensured that all staff had undergone relevant employment checks.

Risks had been assessed and measures put in place to support people to remain safe. The environment had been considered and where people displayed behaviours which may harm themselves or others staff supported them to manage their anxieties.

People received their medicines as and when they needed them and medicines were managed safely.

People made decisions about their care and the support they received. People were involved and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff felt supported by the registered manager. They received training and guidance to carry out their role. Staff had a clear understanding of their role and how to support people who used the service as individuals.

People's health needs were met and when necessary, outside health professionals were contacted for support. Staff understood how to support people to maintain their health. People were supported to have sufficient to eat and drink.

People were treated with kindness and respect. Their independence was promoted and their opinions asked. People were clear on what support they could expect to receive and had access to independent professionals who could help them ensure they received the care they wanted.

People received care and support that was tailored to their individual needs. Professionals with expertise in their conditions were involved in planning people's care with them. People's needs were kept under review and plans were changed to reflect changing needs.

The registered manager and staff team were working to support people to engage in activities that were

meaningful to them.

People who used the service felt they could talk to the registered manager and had confidence concerns would be acted upon. Staff were clear of their role.

There were effective systems for gathering information about the service, identifying areas of concern and to drive improvement. The provider demonstrated a drive for improvement through lessons learnt and best practice.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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.

People felt safe. Risks had been assessed and measures put in place to support people to remain safe.

Staff understood their responsibilities to keep people safe and had been recruited safely.

People received their medicines when they needed them and they were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Their consent was sought.

People were supported to maintain their health and they had enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's independence was promoted and people were encouraged to make choices.

People were clear on what support they could expect to receive and had access to independent professionals.

Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to their individual needs. People's support was reviewed and changed to reflect their needs and preferences.

The registered manager and staff team were working to support people to engage in activities that were meaningful to them.

People knew how to raise a concern if needed and were confident it would be addressed.

Is the service well-led?

The service was well led.

People and staff had confidence in the registered manager.

Systems were in place to monitor the quality of the service being provided. The provider demonstrated a drive for continuous improvement.

The registered manager was aware of their role and responsibility. They were supported by the provider to carry these out.

Good ●

The Hall

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 inspection took place on 21 June 2017 and was unannounced. The inspection team consisted of an inspector, a specialist nurse advisor 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.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with five people who used the service. Following the inspection we spoke with a person's relative to get their feedback.

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 chose not to talk with us.

We spoke with the registered manager, senior manager, a nurse, and two care workers. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe at The Hall. One person said, "I feel safe here, I don't go out much because I feel very safe here." Another person said, "I feel very safe here, the building is secure and the staff are kind." One staff member told us it was important to, "Keep service users safe." They understood their role and how to support people to remain safe.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. One person told us, "There is enough staff on duty during the days and nights and if I wake up in the early hours I can make my own hot drink." Another person said, "I think there is enough staff on duty, they are friendly." Staffing levels were reviewed regularly to ensure that people's needs continued to be met. Where additional support was required this was sourced from one of the two adjacent services that were also run by the same provider. This meant that staffing levels were maintained at a level that met people's needs.

Staff were clear on their responsibility to keep people safe from abuse. One staff member told us if they witnessed an abusive situation they would, "Remove the service user from the hot spot using explanations and conversation to diffuse the situation and inform the nurse and ensure all relevant paperwork is completed." Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. They told us that they felt able to report any concerns and that they would be dealt with. The registered manager was aware of their duty to report and respond to safeguarding concerns. They had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to. The provider had employed a professional to assist them with reviewing and maintaining their safeguarding procedures to ensure they were effective in protecting people from abuse.

Risks associated with people's care needs, the environment and equipment had been assessed to identify hazards and measures had been in place to prevent avoidable harm. People's safety had been considered in the design of the environment. For example we saw that furniture was of a design that prevented it from being used to hurt others. The service had fixtures and fittings that minimised the risk of people deliberately harming themselves on it. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. Where specific expertise was required to check for safety this had been sought. For example the provider had arranged to the water systems to be checked for legionella. Where environmental risk assessments had identified a concern, action had been taken to address it immediately. For example a door closer had been found to be faulty. We saw this had been replaced.

People and staff had practiced the actions they should take in case of a fire. Records reflected that fire safety checks were carried out and there were procedures in place for staff to follow. The person who oversaw the maintenance and safety for the provider had implemented additional fire safety measures since they had been in post. There was a suitable plan in place to be used in the event of an emergency or an untoward

event.

Safe recruitment practices were followed. The provider had followed their recruitment procedures. The necessary pre-employment checks had been carried out. These included Disclosures and Barring Service checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce. Records showed that the registration of nurses employed by the service was checked regularly to ensure that they were still fit to practice.

Staff supported people whose behaviour may be risky to themselves or others. One staff member told us, "Keep service users safe, remove ligature risks and be alert to their moods making sure nothing is ingested and ensure all information is passed between staff." Staff knew how to offer safe support should this have occurred. We saw that staff had received training to keep themselves and other people safe. Where physical intervention was used to keep people safe at times of high anxiety this followed best practice guidance. One staff member said, "Restraint is always the last resort, I've had low holds and safe holds training two months ago and I expect to be trained in (physical intervention training) in the near future." Staff used diversion and low arousal techniques to defuse situations when people's behaviour became a concern. In these ways staff understood and knew how to respond to people's behaviours.

Staff understood their responsibility to prevent and report accidents. One staff member said, "If there is an accident I'll refer to the nurse who will let us know what's to be done and I'll ensure all reports are completed in a timely manner." We saw that records were kept detailing the incident including what happened prior to and during the event. We saw that following an accident, changes had been made to the physical environment, equipment used or staff support strategies in order to minimise the risk that it would happen again. It was not always clear from the record what action had been taken. The registered manager told us that they would ensure the action taken was documented in the future.

People could be assured that they received their medicines as prescribed by their doctor. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. MAR charts had been completed accurately when people had taken their medicines. If people had chosen to not take them this was also recorded appropriately. Where people had concerns regarding taking their medicines they were supported with this and staff had clear guidance on how and when to offer people their medicines. Medicines were stored securely and a stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people. Their competence was checked, by the registered manager to ensure that their practice remained safe.

Is the service effective?

Our findings

People were supported by staff who had received suitable training and guidance to carry out their role. Staff had completed training courses when they started working for the service in order to ensure they had the skills and knowledge to meet people's needs. Staff received ongoing training so that their knowledge was refreshed and in line with current best practice. One staff member told us that as a result of attending Equality and Diversity training they had learnt to encourage people to follow their faiths in the way that they wanted to. Training courses helped staff to understand people's conditions and how best to support them. Staff members confirmed to us that they were encouraged to learn and develop within their role. One staff member informed us that they expected to be enrolled in an advanced nationally recognised care course as soon as they had completed the first level. Another staff member told us, "We have mandatory training each year." Records reflected that staff received ongoing training to ensure that their knowledge remained current.

Staff were supported in their role. One staff member said, "I feel very supported, we get a lot of feedback from the supervision meetings." Another staff member told us, "Supervisions are helpful. If I have any issues or worries I can say." We looked at supervision records which showed that staff's practice was reviewed. The registered manager used supervisions to check on staff's training needs and their understanding of the provider's policies and procedures.

Staff told us that they valued the opportunity to reflect on incidents when they occurred. This enabled them to feel supported and learn from experiences. One staff member told us, "We have a debrief at the end of each day." We saw that de-briefs had taken place following incidents of physical aggression towards staff. As a result of these the registered manager had recognised that staff felt vulnerable and had implemented additional support strategies in order to make staff feel more confident.

People had access to support from professionals who had expertise in their field. For example a social worker had been employed to support people with developing key skills and assist the nursing team and registered manager with implementing therapeutic sessions for people. Other professionals were employed by the service and had regular input including a psychologist, an occupational therapist and a psychiatrist. These professionals guided staff to provide support to people. For example an occupational therapist had demonstrated to staff how they might support a person with breathing techniques when they were anxious.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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 we found that it was.

The registered manager was aware of the legislation and had considered these requirements during care planning. Staff had received training about the MCA and understood how it affected their role and the people they were supporting. Where people were supported under DoLS we saw that authorisations were in place and reflected the care that people received. Some people had conditions to the DoLS authorisation. The registered manager had ensured that the conditions were met. Where a person's condition had changed or additional restrictions were considered necessary to ensure a person's safety this had been recognised as a restriction of a person's liberty and additional authorisations sought. Mental capacity assessments were completed and the appropriate records were in place. The relevant people had been consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA.

Staff understood the need to support and encourage people and knew to ask people's consent before they supported them. One staff member told us, "I ask, 'can I sit with you?'" We observed staff obtaining people's consent throughout our inspection visit. Following our inspection visit the provider had improved the way they documented how people had consented to their care within the records that they kept.

Most people told us they enjoyed the meals on offer. One person said, "I enjoyed this morning's breakfast, there's plenty of choice on the menu and there's always enough to eat." Another person told us, "I'm not impressed with the food on offer but if I don't like the choices staff will always make me something else." We observed people being offered a choice of meals to suit their preferences. People were supported to get enough to eat and drink. One person told us, "They are making sure I drink more water during this heat". During lunch we observed the food was hot when served and the portions were adequate. Freshly made hot or cold drinks were offered and were placed within easy reach of people. The atmosphere in the dining room was quiet and relaxed, staff were friendly and attentive.

People were supported to maintain their health and had access to health care professionals. One person said, "The doctor visits every week but if I wanted to see a dentist or optician I would ask the staff." A person's relative confirmed that routine and emergency medical appointments had been made and people were supported to access them. People were supported to access emergency medical treatment if they needed it. Staff recognised that some people required additional personalised support in order to agree to access the medical support they needed. This was provided. We saw that medical advice was followed when people had accessed health care professionals and that records were kept to reflect their current health needs.

Is the service caring?

Our findings

People were supported by staff who were caring and kind. A person said, "Most of the staff are very kind." Another person told us, "I feel that staff genuinely care for me, they treat me with respect." A person's relative told us, "The staff are good." One person told us they had been supported compassionately when they had experienced a family bereavement and staff had accompanied them to the funeral.

Throughout our inspection we observed staff speaking with people in a warm and friendly manner. Reassurance was offered when it was needed and staff asked permission before providing care to people. Staff that we spoke with had good knowledge of the people they cared for. They were passionate about their role, and appeared to have genuine interest in the wellbeing of the people who used the service. They told us that a consistent staff team and support was essential to some people's wellbeing and that that is what they aimed to achieve.

People told us that they were satisfied with the care that they received. One person said, "Mostly I'm happy with the care I receive here and for the most part I'm treated with respect, I don't feel able to speak with some staff but others I get on fine with". Another person told us, "Most of the staff are nice but one or two have a patronising attitude toward me but I'm happy with the care I get." People felt that staff listened to them and took their concerns seriously. One person said, "You can talk to them and explain." Other comments from people included, "I feel able to speak with staff about any concerns I have and although they are busy they always give me their time." And "I can speak with staff about any concerns I have." We saw that action was taken when people had expressed an opinion.

People told us that staff treated them with dignity and respect. One person said, "Staff always respect my dignity and the women as well." Another person told us, "I have a good relationship with staff, they always use my first name and knock on my door before entering." adding, "I have no problem with the males on the unit, the staff ensure my dignity is observed." People were able to request support from male or female staff if this was their preference. We identified that the windows in the door of each person's room could not be opened or closed by the person in the room. These were in place so that staff could check on people's safety. Although we observed that the default position of the windows was closed we asked the registered manager to consider if people could be able to open and close the windows themselves. They told us they would. Following the inspection we saw the registered manager had sought people's opinions about the windows and acted on their feedback. In this way people's privacy had been considered and was protected.

People were supported to make choices and their independence was promoted. A staff member told us, "Each individual has the choice." They went on to tell us, "We know the residents and what they are capable of." People's care plans guided staff to promote people's independence where possible. Where people needed support to make choices this was provided and staff understood people's unique communication needs and how this could impact on their choice making abilities. People were supported to maintain skills. One person told us, "I go on two or three buses by myself." They went on to tell us, "You can even do your own washing and cooking." The registered manager told us that they intended to develop independent living skills with people in order to help build their self-esteem and maintain their skills.

People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation was provided to people when they started using the service. This included the staffing structure, how care was reviewed and how people could raise a concern and the provider's Charter of Service User's Rights. This set out how the service aimed to promote privacy, dignity and freedom of choice for all. The area manager told us that they had linked with external organisations in order to get specialist support to provide this information in a more easy to understand format for people using the service.

The provider was working with other agencies in order to provide people with information about advocacy and other services that were available to them. An advocate is a trained professional who can support people to speak up for themselves. We saw that the provider was establishing links with agencies who provided specialist advocacy that was suited to the people supported by the service.

Is the service responsive?

Our findings

People received care that was tailored to their individual needs. A person's relative told us, "They have done everything they need to do. It's a step up (from person's previous placement)." People's care was planned based on assessment of their needs and their wishes. One person told us, "I think we sat and did it together (their care plan) but it was a long time ago." People's care was planned and reviewed by professionals who had expertise in their conditions and needs. Weekly meetings took place with a psychiatrist, neuropsychologist, assistant psychologist, occupational therapist and nurse to discuss people's care needs and progress. We saw that people had contributed to their care planning. One person said, "I often have conversations with staff about my care." The registered manager told us that people were invited to take part in these meetings or contribute to them. However we saw that records were not consistently maintained to demonstrate this. The registered manager told us that they would ensure that records were updated to reflect people's involvement.

People were asked about the care that they received and if it continued to meet their needs. Where a person had feedback that they wished to change the way that they were supported this was respected and their care plan was changed with their agreement. We saw that the support of the professionals involved in people's care planning had been sought to enable people to fulfil their goals. One person had been supported through a series of steps to maintain links with their family and this was important to them. The professionals involved in planning and supporting the person to achieve their goal had considered ways to support the person to recall the visits at home using technology as they had memory problems. In these ways people were supported to achieve their goals, evaluate the care they received and plan their future care.

People were supported to take ownership of their conditions and identify areas where they needed a greater level of support. We saw that wellness recovery action plans were being implemented with people. This was an eight week course whereby people were supported to understand what triggered their anxieties, and providing them with strategies to cope with them. It also focused on promoting people's self-confidence and encouraging them to seek help when needed.

Equality and diversity was respected. The provider had a Charter of Service Users' Rights which aimed to ensure that people's social, emotional, religious, cultural, political, ethical and sexual needs were accepted and respected without bias. Staff received training and guidance about how to ensure that people's rights were upheld. Where staff had experienced disabilities they were involved in providing training to other staff members to aid their understanding of supporting people and ensuring equal opportunities for all.

We received mixed feedback about whether people had enough opportunity to engage in meaningful activities. One person had shared that they enjoyed a particular board game. We told the registered manager who arranged to purchase the game. We observed a person enjoying arts and craft activities during our inspection. However another person told us, "I don't feel there is enough activities during the day and no-one's asked what I would like to do." A staff member told us, "We try and keep them motivated." They went on to say, "We try and get them out as much as we can." We saw that the occupational therapist

had been involved with some people to explore with them ways of them spending their time in an enjoyable way. There was information displayed in the home informing people of activities on offer to them. We saw that there was a supply of arts and craft materials, board games and other table top activities available in the communal rooms. The registered manager told us that engaging people in meaningful activity was a priority for the service. This included pursuing vocational and educational opportunities with people. And that they continued to try and develop new opportunities for and with people.

The provider had an effective system for handling complaints. A person told us, "I have no complaints about my care." They knew how to raise a complaint if they needed to. The service had not received any formal complaints. However the registered manager explained how they would follow the provider's policy if they were to receive one.

Is the service well-led?

Our findings

People knew who the registered manager was and had confidence in their abilities. One person said, "I am well aware of senior staff and I see them every day, they are always very friendly." Another person told us, "Yes, I see them on a daily basis. They are always available if I want to speak with them." A third person said, "It's a very good place, (Registered manager) is lovely." A person's relative told us, "The management is good."

People had been invited to feedback their views about the service through residents' meetings. However the people we spoke with told us that they had chosen to not participate in these meetings. People's relatives had also been invited to attend meetings to feedback. However these were also not well attended. We saw that the provider had kept people and their relatives informed about developments in the service through regular newsletters. They had also written to them specifically when changes to the service were proposed. This gave people and their relative's the opportunity to feedback if they wished to.

Staff told us that they felt supported by the senior management team. One staff member said, "I feel able to speak freely to senior management who make themselves available." Another staff member told us, "(Registered manager) will ask what she can do to help. She always has time to listen. She is a busy woman but she gets things sorted." We saw that the registered manager and area manager were present within the service and staff were able to contact them if needed. They operated an open door policy. The staff that we spoke with were proud of the way staff worked as a team and supported each other in order to achieve their collective goals. One staff member told us, "Because we have a regular team you get to know the individual members meaning we can recognise if they are getting stressed and step in to help them and if someone has a day off sick another member of the team generally steps in to provide cover." A representative from the home had the opportunity to meet with the director regularly to provide feedback about how the service was running and any concerns that they had. In these ways staff were supported and felt valued.

Staff were clear of their roles and responsibilities. Staff had access to policies and procedures which guided them in their role. Where staff had not acted in line with the provider's policies and procedures we saw that disciplinary action or retraining had been completed. We saw that staff meetings took place regularly. These gave staff the opportunity to feedback to the management team. The registered manager used staff meetings along with a staff newsletter to keep staff up to date on events that happened within the service, including training and development opportunities and health and safety updates.

The provider demonstrated that they were continually looking for ways to improve the service and learn from good practice. Managers from each of the services run by the provider met regularly along with the training and development lead, the person who over see's health and safety for the provider and area managers. The aim of the meeting was to share experiences and feedback about events that had occurred in each service. The provider used these meetings to learn from events and learn lessons where possible. For example where a complaint had been raised in a service this was shared along with the outcome in order for managers to avoid similar situations occurring in their service. The area manager told us that they were linking with other providers who specialised in supporting people with mental health conditions in order to

share practice and learn from their experiences.

The provider had assessed the needs of this service and others in the future and was working to ensure that service delivery was sustainable.. We saw that they were planning for the workforce of the future by sponsoring staff members to complete their nurse training. In return staff were required to work for the organisation for a set amount of time. The provider also had an overseas nurse program where they supported overseas nurses to complete their UK based nurse conversion course. In these ways the provider had planned for the long term sustainability of the service.

There were systems in place to monitor service delivery. The registered manager ensured that checks were made in all aspects of the service delivery to ensure that they were effective. For example, that medication storage and systems remained safe and effective. Where a concern was identified appropriate action was taken to address this. People's care plans were checked to ensure they contained the relevant information and had been updated. Weekly and monthly safety checks had taken place, to ensure that the home environment remained safe, secure and maintained. We saw that one audit had taken place and identified that the service was not meeting the required standard. The area manager had been made aware of this and conducted an investigation into where standards were not being met. They found that the standard had been met but the audit had been incorrectly completed. This demonstrated that there was effective oversight of the service delivery and action was taken to maintain standards.

The provider had arranged for staff from one of its other sites to visit and conduct an environmental assessment to check for risks. These staff had advanced knowledge of safe environments for people who may harm themselves. As a result of this visit the provider had arranged for electric door closers to be altered as they had been identified as a risk to people. Where needed the provider had requested support from external agencies and acted on the advice that they had been given.

The registered manager was aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.