Care Quality Commission

Mentaur Limited

Rushwell House

Inspection report

116 Wellingborough Road
Rushden
Northamptonshire
NN10 9TD
Tel: 01933 318155
Website: www.mentauruk.com

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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

Overall summary

Rushwell House is a care home for up to eight people with a learning disability. There were seven people living in the home on the day of the inspection.

This inspection took place on 25 June 2015 and was unannounced.

The home has 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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

Summary of findings

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with the appropriate training to ensure people's assessed needs were met.

People's consent to care and support was sought in line with the current legislations. The service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed.

People had a choice in what they wished to eat and drink and helped in the preparation of meals.

People were registered with a GP. If required they were supported by staff to access other healthcare facilities.

Positive and caring relationships had been developed between people and staff.

Staff had a good understanding of the needs of the people they were supporting.

People received care in a dignified and respectful manner and were encouraged to maintain their independence.

Pre-admission assessments were undertaken before people came to live at the service. This was to ensure that their identified needs would be adequately met.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There were quality assurance systems in place to monitor the quality of the service provided and to continuously improve on the service delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk managements plans were in place to protect and promote people's safety.

People were looked after by staff who were recruited appropriately.

There were sufficient numbers of staff employed to meet people's needs safely.

People received their medicines safely and at the appropriate times.

Good

Is the service effective?
The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislations.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people were supported to access other healthcare facilities.

Good

Is the service caring?
The service was caring

Staff had developed positive and caring relationships with people.

People were supported by staff to express their views

Staff ensured people's privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive

People received care that was appropriate to their needs.

Information on how to raise a concern or complaint was available to people.

Good

Is the service well-led?
The service was well -led

There was an open and inclusive culture at the service.

The provider was meeting their registration requirements.

The service had quality assurance systems in place which were used to good effect.

Good

Rushwell House

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.

The inspection was unannounced and was carried out on 25 June 2015 by one inspector.

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. We also checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. This was because some people had complex needs and were not able to talk to us about their experiences. We spoke with and observed the care provided to the seven people who lived at the service. We also spoke with two relatives, the deputy manager, four support workers, the service manager and the operations manager.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us they or their relative felt safe living at the service. One person said, "I feel safe. If I have any worries I go to the staff." Another person commented, "I am not bullied here. I used to when I lived in my other home." Staff told us they had been trained to recognise the signs of potential abuse and how to promote people's safety. They had a good understanding of the different types of abuse and the organisation's safeguarding process; also who to contact in the event of suspected abuse. Staff also said that safeguarding was regularly discussed with people at residents' meetings. A staff member said, "I can assure you people are looked after safely here. If there is an incident we follow the protocol."

The operations manager told us that the organisation had a zero tolerance on abuse. We saw evidence that quarterly safeguarding meetings were held with senior managers. The purpose of these meetings was to discuss and implement any actions deemed relevant to ensure people were kept safe. We saw minutes of the recent safeguarding meeting that was held with the management team. We also sat in on the weekly service users' meeting and found that safeguarding was an agenda item. Each person was asked to give their opinion on what keeping safe meant to them; and how they would promote their safety inside and outside the service. We saw evidence that the outcome from safeguarding investigations was discussed with staff. In some instances people's individual risk assessments had been reviewed to minimise the risk of recurrence. Training records seen evidenced that staff had been provided with safeguarding training.

Staff told us people had risk management plans in place, to manage identifiable risks and to promote their safety. We found these had been developed with people's involvement to ensure any restrictions on their freedom and choice were minimised. The risk assessments seen had been tailored to people's specific needs. For example, some people were able to access the community independently; also one person kept pet rabbits and guinea pigs in the garden. There were risk assessments in place to promote these activities. People were also supported by staff to prepare meals and to carry out household chores. We saw individual risk assessments had been developed for these activities. We saw that risk assessments had been reviewed monthly with people's involvement or as and when their needs changed.

The service manager told us about the arrangements in place for making sure the premises were maintained appropriately to promote people's safety. For example, we saw evidence that the fire panel, fire extinguishers, electrical and gas equipment was serviced regularly. Regular fire drills were carried out with staff; people who used the service were included in the drills. We saw people had individual Personal Escape Evacuation Plans (PEEPS) in place to support them in the event of the premises having to be evacuated. There was an emergency plan displayed in the service with guidance for staff to follow in the event of an emergency. Telephone numbers of senior personnel and the emergency services were included in the plan. Staff confirmed they were aware of the service's emergency plan.

People told us there were sufficient numbers of staff to keep them safe and to meet their needs. One person said, "There is always enough staff to look after us." Staff also confirmed that the staffing numbers were adequate and there was always a senior member of staff on duty who knew people well, to provide advice if needed. The deputy manager told us that the service was fully staffed and people were supported according to their needs. We observed there were three staff on duty throughout the day. At nights there was one waking staff member and a second person who slept in on the premises. The staff rota seen reflected this.

There were safe recruitment practices followed at the service. The operations manager told us that people took part in the staff recruitment and selection process and their views were taken into account. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the appropriate documents were in place.

People told us staff supported them to manage their medicines safely. They said staff administered their medicines at the prescribed times. One person said, "My medicines are kept in the office and staff supervise me to make sure I take them." Another person commented, "Staff have never made a mistake with my medication." Staff were

Good

Is the service safe?

able to describe the service's medication process. They told us that two staff were responsible for administering people's medicines. We observed this practice during our inspection. They also commented that they had been provided with training on the safe handling of medicines and their competencies were assessed annually. Training records seen confirmed this.

We saw medicines were stored appropriately. The temperature of the room where they were stored was checked daily to maintain their conditions. There was an audit trail of all medicines entering and leaving the service. The Medication Administration Record (MAR) sheets provided information which reflected that medicines were checked weekly to ensure the balance in stock was correct. We checked a sample of MAR sheets and found they had been fully completed. Some people were prescribed medicines on an 'as required' basis and there were individual protocols in place for the use of these medicines.

Good

Is the service effective?

Our findings

People told us that staff had been trained to carry out their responsibilities. One person said, "The staff often attend training at the head office and know what they are doing." Staff told us they had been provided with induction and updated training to support them in their roles. A staff member said, "The training and induction here is good. My induction covered working days as well as nights." The operations manager told us that new staff were required to complete two weeks induction training. They were also expected to work alongside an experienced staff member until their practice was assessed as competent. Staff confirmed they had completed induction training and had been signed off as competent.

We looked at the training record and found staff had received essential training as well as up-dated training in a range of subjects such as, safeguarding, moving and handling, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS), medication awareness, fire awareness, Control of Substances Hazardous to Health (COSHH), food safety, emergency first aid, Non Abusive Psychological and Physical Intervention (NAPPI) and infection control. The training record reflected the date when training had been provided and whether it was face to face or electronic learning. Staff told us they received on-going support from the registered manager as well as, regular supervision. This enabled them to discuss their roles and request for any further support or training they required to enhance their development.

Staff told us people's consent was sought to provide care and support in line with current legislation. One staff member said, "We always ask the service users for their consent before assisting them and explain the process." Within the support plans we looked at we saw there were consent agreement forms in place. They had been signed by people and were regularly reviewed. We found that the service had policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity (MCA) Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This ensured people who could not make decisions for themselves were protected. One person's liberty was being restricted. Records seen confirmed that an application to the statutory body had been authorised.

People told us they had adequate amounts to eat and drink and they were able to make themselves drinks and snacks when they wished. One person said, "The food is nice and we get to choose what we like to eat." Another person commented, "I sometimes prepare my own meals. My favourite is pie and mash." People had their main meal in the evening and this was prepared by staff with assistance from people. We observed a weekly residents' meeting where people were asked for their preferred choice of meal. This was included in the menu for the following week.

We observed the evening meal and found it to be an unrushed and relaxed activity. The meal was served at the correct temperature. Staff provided assistance to people in a discreet manner. The portions served were of a good size and people had the option to have seconds if they wished. Staff were aware of one person's allergy and ensured that they were provided with a pudding that did not contain dairy products. We saw people had the choice to eat in their bedroom. One person chose to eat in the garden as it was a pleasant evening.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, "I am able to visit the doctor on my own." The person commented that they had recently been diagnosed with a particular condition; staff were supporting them to come to terms with their condition. Staff told us that people were registered with a GP of their choice, who they visited if they had a problem. Staff also told us that people had access to the chiropodist, dentist and optician on a regular basis. We saw that people had access to specialist treatment via the GP. If required the district nurse visited the service to promote people's health and well-being. Records we looked at supported this. The service manager told us that people's Health Action Plans were updated by the GP, whenever there was a change to their medical condition.

Good

Is the service caring?

Our findings

People and relatives told us they had developed positive and caring relationship with the staff. They said that staff treated them with kindness and compassion. One person said, "When I feel depressed, I tell staff and they cheer me up." A family member said, "I visited my relative at the day centre last week, it was my birthday and the staff really made me feel so special." We observed positive interactions between staff and people who used the service. They demonstrated a good understanding of people's needs and their approach to people was meaningful. One staff member said, "I see the residents as extended family members."

Staff told us they facilitated regular key worker meetings with people at the times that suited them best. People were given the opportunity to discuss special events such as, family visits, outings and birthday celebrations. We saw evidence that meetings were held monthly. Throughout the inspection we saw that staff gave people their attention. They had a good understanding of people's needs and communicated with them in a way that they could understand.

We found that staff were aware of people's preferences and personal histories. Throughout the inspection we observed staff treated people with empathy and were sensitive to their needs. We saw people went up to staff and gave them a friendly hug. Throughout the inspection we found that staff engaged people in conversations and people looked relaxed and at ease in the company of staff.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I go to bed real late as I like to stay up and watch my DVDs. The staff don't mind." The person also commented that they recently got married and staff had been very supportive and helped them to plan the wedding. They said, "I could not have done it without their help." Staff were able to demonstrate how people's views were listened to and acted on. An example given was people could request to be supported by someone of the same sex. Another example given was that some people chose not to attend the day centre daily and their wishes had been respected.

The service manager told us that if required people would be supported to access the services of an advocate to speak on their behalf. (The role of an advocate is to speak on behalf of people living in the community with their permission.) There was no one using the services of an advocate on the day of the inspection; however, we were told that people had used the advocacy service in the past. We saw that information on how to access the services of an advocate was available to people in an appropriate format so that they could understand.

People told us that staff ensured their privacy and dignity were promoted. One person said, "Staff always knock on my bedroom door and wait for a reply before entering." Staff explained how they ensured that people's privacy and dignity were promoted. A staff member said, "When assisting people with personal care we make sure that the bathroom door is closed and allow them to wash themselves if they are able to." Staff also said that the service had processes in place to promote people's confidentiality. For example, information about people was shared on a need to know basis. We saw that people's support plans were kept in a locked office and the computer was password protected.

People and staff told us that their friends and family were able to visit them without restrictions. On the day of our inspections we saw that relatives of a person who used the service were visiting. One of them said, "The staff always make me feel welcome. It's just like home from home. The hospitality here is so good and the love staff show to my family member is genuine." The relative further commented that they visited the service at different times and the care provided was always of a high standard.

Good

Is the service responsive?

Our findings

People told us they received care that was appropriate to their needs. They said that they regularly met with their key worker to discuss and review their care and support needs. One person said, "The care here is good." The operations manager told us that before a person was admitted to the service a comprehensive needs assessment was carried out. We were also told that people were offered trial visits. This enabled the staff team to be certain if they could meet individuals' assessed needs. We saw evidence that people had been provided with pre-admission assessments.

The support plans we looked at were personalised and contained detailed information on people's assessed needs, including their wishes, preferences, choices; and all aspects of their care needs. We found that the support plans were developed with people's involvement and were regularly reviewed. Staff monitored people's health and well-being and reported on their progress in the daily notes. Where changes in people's care needs had been identified we saw evidence that the support plan had been amended to reflect the new changes. We read some written feedback provided from a health care professional in relation to a person's care. They had written that the person had become much happier since living at the service and how much they had improved.

People told us about their hobbies and interests. One person said, "I enjoy doing my cross stitching." Another person told us how much they enjoyed looking after their animals. We found that four of the people who lived at the service attended a day centre daily. There was an activity programme, which had been developed with people's involvement. Staff confirmed that people chose the activities that they wished to participate in. During the residents' meeting we saw people provided staff with a list of activities that they wished to participate in. These included swimming, a craft club, movie night, arm chair exercises and a trip to a donkey sanctuary.

Staff told us that people had developed relationships with people outside of the service; and that they were regularly invited to tea parties at the local community centre. Some people also had links with the local church and regularly attended the weekly service where they would be provided with refreshments and meet other people and form new relationships to avoid social isolation.

People told us they would feel happy making a complaint if they needed to. One person said, "I know how to make a complaint." A relative told us they were aware of the service's complaints procedure but have never had the need to make a complaint. Staff told us they made people aware of their rights and how to make a complaint if they needed to make one. We saw that complaints were a regular agenda item at residents' meetings. During the meeting we heard staff asking people if they wished to raise a concern. We looked at the service's complaints record and found that there had not been any recent complaints recorded. The service manager said that she welcomed complaints and would use them to improve on the quality of the care provided. We saw a copy of the complaints procedure was displayed in the service in a suitable format to make people aware of the process.

Good

Is the service well-led?

Our findings

On the day of our inspection the registered manager had taken annual leave; however, the service was well -led by an established staff team who were supported by the service manager and operations manager. Staff told us that there was a positive, open and inclusive culture at the service. They said the deputy manager was approachable and competent.

Staff told us that regular meetings were held and they were provided with information and able to give feedback to the registered manager and deputy manager in developing the service delivery.

Staff said they were aware of how to whistle blow and raise concerns. We saw there was a photo board in the communal area which showed the overall accountability for the service and also which staff were on duty on that particular day.

Staff told us they were aware of the service's vision and values. They all said that people were encouraged to promote their independence. During our inspection we saw that staff communicated with people in an open and transparent manner. People were able to go to the office to discuss with the service manager and staff the level of support they required from them. We found that they were listened to and treated with respect.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager and deputy manager. They were aware of what was expected of them to ensure people received the appropriate level of support they required. Throughout the inspection we observed that staff worked well together; and communicated with each other in a respectful manner.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

There were quality assurance systems in place and these were used to monitor the quality of the care provided and to improve on the service delivery.

We saw evidence that people and staff completed satisfaction questionnaires on a regular basis and their views on improving the quality of the care provided were sought and acted on.

Audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis and action plans were developed to address areas that required attention. There was evidence that the registered manager completed monthly statistical reports for the provider. These were analysed to measure the service's performance on the quality of the care provided and used to good effect.