

Navigation Care Limited

Rushall Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rushall Care Home is a residential care home providing personal and nursing care to up to 39 people. The service provides support to younger adults and older people some of who may be living with dementia. At the time of our inspection there were 36 people using the service.

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

People were safeguarded from the risk of abuse and felt safe living at the service. Where people had risks to their safety these were assessed, and plans put in place to minimise them. There were enough suitably qualified staff available to meet people's needs. People had support to take their medicines as prescribed and risks from infection were minimised as staff understood how to prevent cross infection. Where incidents occurred, these were reviewed, and learning applied to prevent recurrence.

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.

People relatives and staff all spoke positively about the service and the management team. Staff were supported and received updates to their training as needed. The registered manager had a good oversight of the service and used feedback to learn and improve the quality of the care people received. The registered manager understood their role and responsibilities and had worked in partnership with other agencies to support people. There was a system in place to ensure any improvements needed were identified and the registered manager ensured there was an action plan in place to make the required changes.

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 September 2022)

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was 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.

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

Inspection team

The inspection was carried out by one inspector 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 4 visitors about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 5 staff, including the manager, deputy manager, nursing, and care staff. We looked at a range of records including staff recruitment files, policies, and audits.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they were supported to maintain their safety in the home. One person told us, "I feel a lot safer here than when I lived at home. I was all alone there, and I fell and broke my hip. There are staff at the end of a bell here and they check on me through the night to keep me safe".
- People had risks to their safety assessed and plans put in place to minimise them. Where people had, risks identified relating to distress and anxiety there was a risk assessment and clear guidance in place to assist staff in reducing the risk of people becoming anxious and distressed.
- People were supported to manage risks relating to their skin integrity, continence needs and malnutrition and dehydration. There were clear plans in place for staff to follow and records showed people had their needs met as required.
- Risks to people were reviewed regularly and care plans were updated. For example, where people had changes following intervention from other health professionals, changes in their health and any incidents. A regular review was also undertaken to ensure the management plans were up to date.

Using medicines safely

- At the last inspection people's medicines were not managed safely. At this inspection the provider had made the required improvements.
- People told us they received their medicines as prescribed. One person told us, "The nurses give me my medicines, I have never had any problems, it is always on time, they are patient and kind, I never feel rushed."
- Nurses had their competency assessed and regular updates to their training. Medicines administration was completed in line with the homes policy and medicines were stored safely.
- Medicines administration records were completed accurately and there was guidance in place for staff including how to administer 'as required' medicines.
- Medicines were stored safely. There were checks on the medicines room to ensure medicines were stored at the correct temperature.

- Medicines stock checks were carried out on a weekly basis. The electronic system in place was not consistently adjusting stock levels additional checks had been put in place to address this. On inspection some of the stock counts we completed were not correct. The registered manager investigated and corrected the stock and this was a system based error people had received their medicines as prescribed and a further check introduced to address this in future.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives confirmed there were no safety concerns. One person told us, "I feel safe here, there are plenty of staff and I have my buzzer, which is answered quickly." A relative told us, "We know [person's name] is safe. We have no worries, we feel like a part of the family, they look after us as much as [person's name]."
- Staff understood how to recognise the signs of abuse and could describe how they would report any concerns.
- We saw where incidents had occurred these had been reported to the appropriate body for investigation. The registered manager ensured all incidents were also notified to the CQC.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. The provider undertook checks on the suitability of staff to work with people including information from the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us there were enough staff to meet people's needs. One person told us, "I feel safe here, there are plenty of staff and I have my buzzer, which is answered quickly".
- Staff told us they were happy with the number of staff on duty and although it was busy, they felt it was enough to support people safely. Our observations supported this. We saw people did not have to wait for their care needs to be met and staff had time to spend with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.

- 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 were no restrictions on visiting at the care home.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong. The registered manager reviewed all incidents to look for trends and identify any learning which was then shared with staff.
- When incidents occurred care plans and risk assessments were reviewed, and any changes shared with staff.
- There were systems in place to share information with other agencies about incidents. For example, the registered manager shared information about falls with local commissioning agencies.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to ensure people received their care as required. For example, the electronic system for logging people's care alerted staff when people required repositioning. Checks were made daily on the system and staff were prompted to support people and record their care if needed.
- Regular checks were completed on people's fluid intake and if this was low action was taken to support people with their intake.
- The registered manager used a range of audit tools to ensure people received good quality care. These included medicines audits, care plan audits and checks on the building and equipment. Where issues were identified these were included in an action plan and the registered manager ensured the action was taken

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

- The registered manager promoted an ethos of person-centred care. For example, care plans were individual and reflected people's protected characteristics. Needs in relation to their culture, sexuality and religion were also considered.
- People told us they felt empowered to live their lives as they wished and were supported by staff to follow their interests and be in control of their lives. We observed staff speaking with people and their families in a kind and respectful manner, several people and their visitors described the service as like a family. One person told us, "I like living here, I've never had any problems, I can come and go as I please, I go out with my mates."
- Staff were positive about the home and the culture. One staff member told us, "The atmosphere has really got better since the registered manager came into post. It is just a really nice place to work. I feel like I am moving forward now in my role, and they are helping me to do that."

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 provider understood their responsibilities relating to duty of candour. The registered manager ensured any incidents were notified to relevant agencies and notifications were submitted to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured people, relatives, staff and visiting professionals could share their feedback about the service. There were meetings and surveys in use to seek feedback. A meeting had recently been held to discuss people's preferences for meals and the catering staff were redesigning the menu to accommodate people's choices.
- The electronic care planning system had a virtual reception attached which enabled any visitors to the home to log who they were seeing and share feedback on their experience. This was reviewed regularly by the registered manager.
- The registered manager had an open-door policy and people felt able to raise any issues with the management team. One person told us, "I have made a complaint in the past, and it was resolved. The management are around, they are approachable and listen. I think the atmosphere is like one big happy family, I don't want to leave."

Continuous learning and improving care

- People and their relatives told us any improvements needed were actioned straight away. One relative told us, "I mentioned the radiator had a problem and within 10 minutes the maintenance man was here repairing it."
- The registered manager had made many changes to the home environment since the last inspection. There were plans in place to continue to make improvements to the décor of the home.
- The provider had systems in place for staff to access learning and support. Competency was assessed where carried out, for example with medicines administration to ensure staff had the skills to complete this safely.

Working in partnership with others

- The registered manager told us they had developed relationships with a range of other agencies. Visiting ministers came to the home to support people to meet their religious needs.
- There were links to the local commissioning authority with strong relationships with social workers who visited the home and the quality team who checked the service and carried out audits.
- A range of health professionals were engaged in the service including a dentist, optician, and chiropodist. The registered manager had formed a good relationship with a local palliative care provider and developed an end-of-life pathway.