

Care Home Consultancy Services Limited

Rushey Mead Manor Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rushey Mead Manor Care and Nursing Home is a residential home providing personal care for up to 50 people, including those living with dementia related needs, physical disabilities or end of life care. The home is multicultural, where Asian languages are spoken as well as English. At the time of the inspection there were 26 people using the service.

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

People felt safe because staff were trained and understood their responsibility to protect people from abuse and harm. People were confident staff would take action if they raised any concerns. Records showed safeguarding processes were followed.

Risks to people had been assessed and kept under review. Care plans were person centred and provided guidance for staff to follow to minimise risk and to promote people's safety, dignity and independence, as practicable.

People received their medicines as prescribed. When we identified risks the registered manager took immediate action to address this to ensure medicines were managed safely.

People were provided with a choice of food to encourage healthy and balanced diet. Individual food preferences, cultural and dietary requirements were met to maintain good health.

The service employed a nurse, who provided advice and support to staff when people's health was of concern. People were supported with their oral hygiene needs. The service worked in partnership with health care professionals. People were supported to access community health care services as and when required.

Staff recruitment processes promoted safety. New staff were inducted. Staff were fully trained and competent in their roles. There were enough staff employed to meet people's needs. Staff received feedback on their performance through regular supervisions.

Staff followed infection control procedures to keep people and visitors safe from the risk of contagious diseases.

Incidents and accidents were clearly recorded and actions were taken to learn from these and to reduce the risk of reoccurrence. Systems were in place to ensure the premises and equipment used in the delivery of care were serviced and maintained. People, relatives and staff spoke positively about the environmental improvements and decoration.

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 received person centred care, and staff promoted and respected their preferences, cultural and diverse needs. Information was provided in forms people could understand. Staff were able to speak with people in their preferred language which was not English.

People had opportunities to follow their interests and hobbies and maintain relationships with their family and friends. Staff spent meaningful time with people who were cared for in bed to reduce the risk of isolation.

People and relatives knew how to complain. The complaints process was managed effectively in line with the complaints procedure.

People received compassionate and dignified end of life care in line with their wishes documented in their care plans.

The service was well managed. There were systems in place to monitor the quality of the service and improvements were made when required. Staff felt well supported and said the registered manager, care manager and provider were open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 September 2021) and there were breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Safe, Effective, Responsive and Well-led which contain those requirements.

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. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rushey Mead Manor Care and Nursing 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.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rushey Mead Manor Care and Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Rushey Mead Manor Care and Nursing 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. 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 the inspection

We reviewed information we had received about the service since the last inspection. This included the provider's action plan which set out the plan to make the required improvements to meet the regulations. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven family members about their experience of the care provided. We had discussions with 11 members of staff including the registered manager, care manager, a nurse, the deputy manager, a senior care worker and four care staff, the chef, activity / dining room staff member and domestic staff. We also spoke with the director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observation 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, were reviewed.

After the inspection

We spoke with another relative. We continued to seek clarification from the provider to validate evidence found. This included staff training data, meeting records and other records relating to the management of the service.

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.

At our last inspection the provider had failed to manage and administer people's medicines as prescribed. Risk management plans were not consistently followed by staff to keep people safe. The infection prevention and control measures in place did not always protect people from risk of infectious diseases. This was a breach of regulation 12 (Safe care and treatment) 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.

Using medicines safely

- We found the opening dates of medicines with a short shelf-life such as eye drops were recorded on the outer box, which could be damaged or thrown away accidentally. People who received their medicines via patches applied directly onto their skin, the frequency of rotation site recorded was not in accordance with the manufacturer's instructions. This could cause skin irritation and sensitivity. No one was harmed. The registered manager took immediate action and informed staff to record the opening dates on bottles. Instructions were also given for staff to follow and body charts were updated to ensure applications sites were rotated. This check was also added to the medicines audits.
- Medicines were stored securely. A system was in place to order and safely return medicines to the dispensing pharmacy. A sample of the medicine administration records (MAR) we checked had been completed fully and accurately. Staff had followed the protocols for 'as required' medicines and recorded the time and reason for administering medicines such as pain relief.
- People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. One person told us their diabetes was managed well as staff checked their blood sugar and administered their diabetic medication at the right time. Staff knew how to monitor for side effects and effectiveness of medicines and said if they had any concerns they would speak with the nurse, or the care manager.

Assessing risk, safety monitoring and management

- The provider used an electronic care system. Risk assessments were person centred, and took account of individual's health conditions which could fluctuate to ensure these were managed effectively. Care plans included guidance from health care professionals such as food textures for people with risks related to eating and drinking.
- Staff knew about people's risks and support they needed. A staff member told us in detail the signs they looked for to recognise if a person's health condition was deteriorating and the action they would take. We observed staff used moving and handling equipment correctly, which promoted people's safety. Where

people were at risk of developing skin damage, the correct equipment was provided, and records showed people's position was changed at the required frequency.

- Staff were trained in topics related to health and safety and managing risks such as pressure area care and choking risks. There were 'anti-choking' devices in the service. Devices such as this are used to remove obstructions in the airways when a person is choking. One device was located in the dining room and accessible in an emergency.
- People had a personal emergency evacuation plans (PEEPS) to instruct staff how to support them to leave the service safely in the event of an emergency.
- There was ongoing refurbishment and decoration of the home. Systems such as fire, gas and electrical safety systems, emergency call bells and the passenger lift, and equipment such as hoists were maintained by the maintenance team and external contractors.

Preventing and controlling infection

- The provider was making sure visitors were prevented 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.
- The provider promoted safety through the layout and hygiene practices of the premises. The provider acted immediately to address the concerns around the storage of cleaning equipment found in the cleaner's room. All areas of the care home were clean and hygienic.
- The provider was making sure infection outbreaks were effectively prevented and managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Staff followed government guidance and made sure visits to the care home were carried out in the safest way. Relatives told us they were happy with the visiting arrangements; they spent time with their family member inside the care home and in the gardens. A relative said, "Management told us what the visiting arrangements were and we followed it to the letter, testing, wearing face masks and keeping space between us. It's very safe."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew they could speak with staff if they had any concerns. Call bells were provided to enable people to request support from staff whenever required. We saw staff responded quickly to call bells. People who were unable to use the call bell were checked regularly by staff to ensure they were safe.
- Relatives had no concerns about their family member's safety. A relative said, "We visit [name] between us and we can see [name] is safe here. If I thought something wasn't right I'd speak to the [registered] manager."
- Staff were trained, knew how to recognise abuse and how to report abuse to the registered manager, and to other agencies such as the local authority and the Care Quality Commission. One staff member said, "I would be happy for my relative to live here because we get all the training we needs and we all know what to do to keep our residents safe."

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff to meet people's needs. People told us staff were available and were quick to respond in an emergency. Relatives told us staff frequently checked and spent time with their family members, including those who were cared for in bed to make sure they were safe, comfortable and any personal care needs were met.
- Staff told us there were enough staff to meet people's needs. The registered manager used a dependency tool to determine safe staffing levels, based on people's assessed needs and one-to-one support required. This was kept under review and adjusted as people's needs changed.

Learning lessons when things go wrong

- There was an open culture of learning from accidents, incidents, complaints and near misses. Staff knew how to report accidents and incidents. Investigations were thorough and, included relevant people, staff and professionals. Examples of actions taken following incidents included the updating of people's risk assessments and care plans and, when required referrals were made to specialist teams such as the falls clinic.
- All accidents and incidents were reviewed by the management team to identify any themes so improvements could be made to promote safety for all. For instance, in response to the pandemic the provider had installed a cleaner air filtering system throughout the care home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection people's nutritional and hydration needs were not adequate to ensure their dietary needs were met. This was a breach of Regulation 14, (Meeting nutritional and hydration needs) 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 14.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were complimentary about the meals, snacks and drinks provided. One person told us they were happier because they could have Asian meals. Another person said, "I do enjoy my food. I can have anything. I sometimes have a cooked breakfast but it's quite warm today so I had toast this morning."
- People had their risk of malnutrition assessed. Where risks were identified care plans had information about the modified diets and the role of staff to support people with eating and drinking. People's individual dietary needs were catered for. Catering staff had up to date information about people's dietary requirements and preferences.
- The lunchtime experience was relaxed and a social occasion. Meals were served individually and looked appetising. People who required a modified diet had their meal served on a coloured plate. This reduced the risk of people eating food that was not suitable. People were supported in a sensitive way and at a pace that suited them.
- People's food and drink intake was monitored, the electronic care planning system alerted staff when people did not have sufficient amounts so action could be taken.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before moving to the service. A relative said, "[Name] needs are assessed prior to each short stay to make sure they have up to date information about [name's] medication, care, daily, continence, food and interests."
- Care plans considered all aspects of a person's needs including the characteristics identified under the Equality Act 2010 and other diverse needs including religious and cultural needs.
- The registered manager and staff kept up to date with changes in guidance through training, information received from health care professionals and the local authority.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent and well trained. A relative said, "Staff are all trained

and they do everything properly. There's also a nurse here which is good."

- Staff had received essential training for their role. A staff member said, "We get a lot of training and it's really good. [Registered manager] and the nurse checks our practice and in meetings we speak about resident's needs, risks and go through different procedures."
- All staff had induction and ongoing training. Staff new to a caring role completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards and forms part of a robust induction programme.
- Records showed staff training was kept up to date, and included specialist training and nationally recognised qualifications in care. Staff practices were monitored and they received feedback on their performance through regular supervisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services such as GPs and community nurses. People were supported to attend healthcare appointments. Care plans included guidance from health care professionals such as the food textures for people at risk of choking.
- People's oral health needs had been assessed and were met. One person told us how the care manager was supporting them to access the dentist and the optician.
- Staff worked as a team to ensure that people received consistent, coordinated, person-centred care and support. Staff were knowledgeable about people's health care needs and knew how to recognise signs of healthcare deterioration. A relative said, "Staff picked up [name] was a bit anxious and thought [they] may have a water infection. The nurse tested their urine and the GP prescribed antibiotics which were started immediately."

Ensuring consent to care and treatment in line with law and guidance

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

- The service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. Staff told us and records showed conditions on the DoLS authorisations were being met.
- A mental capacity assessment process was in place. Where people lacked capacity best interests' decisions were completed in regard to specific element of people's care. For example, the administration of medicines and managing personal care needs.
- Records showed advocacy support was provided and the feedback was positive about the quality of care and support. The registered manager had a tracker which provided an oversight DoLS granted and when a re-application was due to be submitted if still required.
- People were supported to make their own decisions where possible and supported in the least restrictive way.

Adapting service, design, decoration to meet people's needs

- People spoke positively about the improvements made to the premises. A relative said, "The decoration

and changes has made it nicer for everyone."

- There was ongoing refurbishment and decoration of the home. The improvements made included a new library and a quiet lounge. There was clear signage to help people move around, and an environment suitable for people living with dementia. There was limited outdoor seating and protection from the sun. We discussed this with the provider and, the next day, we saw people and their visitors using the new garden furniture.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider did not have robust and effective systems in place to assess and monitor the quality of service. This was a breach of Regulation 17, (Good governance), 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. People chose what activities they took part in, where they spent time and any visits received. Relatives told us staff respected their family member's choice of lifestyle and what was important to them. A relative said, "[Name] always looks clean, dressed in [Asian outfit], has [their] hair combed back nicely."
- Care plans were person centred to include people's personal preferences and individual diverse needs and how staff could best support them. These were kept under review to ensure staff continued to provide safe personalised care in line with people's needs and wishes.
- Staff knew people well and were able to describe in detail the care and support provided. We observed staff spent meaningful time with people and supported them to take part in activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs were assessed and included in their care plan.
- We observed staff spoke with people in their preferred languages, which was not English. Staff knew people well and recognised how a person expressed their choices using their body language and facial expressions.
- The registered manager had introduced easy read information for staff, people, and their families, on various topics such as safeguarding and end of life support. These were displayed around the care home. Staff encouraged people to choose what they wanted to eat by showing the plated meals, as some picture menus were not available for Asian meals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships with family and friends. We saw people were able to receive visits and telephone calls from family members. One relative said staff spent meaningful time with their family member, individually and this promoted their wellbeing.
- People's individual interests, hobbies, religious and cultural needs were respected and promoted. One person told us their faith was important to them and staff had supported them to visit a place of worship. We saw people taking part in activities such as puzzles, board games and arts and crafts. People could watch different programmes as there were televisions in the lounge and the dining room. Where assessed as safe to do so; people went out to the shops on their own or with family members.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and knew action would be taken. One person said, "I like to speak with [registered manager]. I'd tell her if anything has upset me."
- The provider's complaints procedure was made available to people and their relatives.
- All complaints, concerns and compliments were logged. All complaints were fully investigated in an open and transparent way, with no repercussions for the complainant. Complaints were used as an opportunity to learn and improve. For example, the provider had taken action to improve the laundry system and this reduced the risk of people's clothing being mixed up. All compliments were celebrated and shared with staff.

End of life care and support

- Staff were supporting people with end of life care. Relatives told us staff care provided in a manner that was kind, dignified and respectful of their family member's wishes.
- People's preferences and choices for their end of life care and where they wished to die were recorded. End of life care plans had detailed information and guidance for staff to follow including the role of health care professionals and relatives.
- Staff had received training about end of life care. Staff worked with community nurses when people were at the end of their life to ensure people have a comfortable and pain free death.

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

- The service had a registered manager. The registered manager and the provider understood their legal responsibilities and notified the CQC and other authorities of events and incidents they were required to do so. This meant risks identified were shared with relevant agencies.
- The management team consisted of the registered manager, care manager and a nurse. The management team had good oversight of the service and told us they were well supported by the provider and the director. The registered manager and provider were open and welcomed the inspection as an opportunity to improve the service.
- Comprehensive and robust systems and processes were in place to monitor quality performance in all areas of the service, and any risks or shortfalls found, were addressed. A range of audits were completed by the management team and scrutinised by the registered manager. This information was reported to the provider and discussed at the monthly management meetings.
- The provider had developed a 'service improvement plan' and all staff were aware of what they were required to do to improve the service.
- The provider and registered manager made sure people received good care provided by well supported staff.

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

- The registered manager and provider had improved the culture of the service, which was positive and person-centred, where people remained at the heart of the care and support provided. The management team and staff were passionate and had a good understanding of promoting equality, diversity and human rights. All were committed and had the same values around promoting quality care and empowerment to achieve good outcomes for people.
- Staff understood their responsibility and were committed to caring for people and working as a team. Staff were motivated and proud of the service. A staff member said, "Staff morale is good. I've got no concerns about the management, they help us if we are struggling with residents, staff and if we have any personal issues."
- People told us they were supported in the way they preferred. They liked the staff and felt able to make decisions about their care and support. Positive risk taking was supported to empower people. For example, where people were able to go out to the shops on their own or able to administer their own medicines, this was supported and planned in their care.

- We received positive feedback from people and their relatives about the management team and staff. A relative said, "The staff are so kind, we're always made to feel welcome. The management are very approachable and knows what [name's] been up to."

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 and registered manager understood their responsibilities to be open and honest with people when things go wrong. We saw examples of actions the provider had taken and how this had been clearly communicated. For example, people and their relatives were kept informed and apology offered if an error had occurred.

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

- The management team and staff involved people, their family and other representatives in a meaningful way. A person told us staff made sure their favourite drink was available for them to have and knew where it was kept.
- There were small group meetings with people to gather feedback about the service including the menu choices, activities and updates given on the refurbishment plans. A relative told us they use to attend relatives meetings before the pandemic and were informed about the changes to the visiting arrangements.
- The provider told us satisfaction surveys were planned to be sent out from July 2022 onwards to people and their relatives to complete. The provider saw feedback as a way to improve the service and the quality of care provided.
- Staff told us they felt well supported with regular supervisions and attended staff meetings which were informative. System were in place to ensure staff training was kept up to date.

Continuous learning and improving care

- There was a clear focus on continuous learning from staff and management. For instance analysis of incidents and accidents was used to identify trends so action could be taken to reduce further risks. The monthly management meetings enabled the provider to monitor quality and work towards continuous improvement.
- The registered manager was open to suggestions and was keen to ensure people received a high standard of care and support. The registered manager was responsive to feedback given during the inspection visit and took immediate action where needed. They also assured us they would review the medicines policy and procedure and the business continuity plan to ensure it remains current, and would share this staff.

Working in partnership with others

- The registered manager and staff had good relationships with health professionals and continued to work in partnership to promote good outcomes for people.
- The provider and registered manager told us they had forged good relationships with local community groups.
- We received positive feedback from the local authority who monitors people's packages of care, about the improvements made to people's safety.