

Sanctuary Care Limited

Rushyfields Residential 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rushyfields Residential and Nursing Home is a care home registered to provide accommodation and nursing and personal care for up to 41 people. There were 41 people using the service at the time of our inspection. The home is purpose built and provides accommodation to older people and people living with dementia over two floors.

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

Feedback we received from people who used the service and their relatives was positive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, the policies and systems in the service supported this practice. The service adopted least restrictive practices supported by appropriate training underpinned by a positive behaviour approach. Each person had a positive behavioural plan that described de-escalation and support strategies that staff had to follow to respond to distress. Staff helped people to make decisions using methods that reflected people's communication styles and preferences. People were supported to take part in meaningful activities either in a group or individually.

Medicines were administered safely and records regarding people's medicines were completed effectively. People received the medicines they needed to support their health needs. The registered manager closely monitored the use of any 'when required' (known as PRN) medicines. These were managed in an individualised way.

Infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE). Additional cleaning of all areas and frequently touched surfaces was in place.. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training.

There were systems in place for communicating with people, their relatives and staff regarding peoples care and support. The environment was clean, safe and maintained to a good standard and had been adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed. The service had enough appropriately skilled and trained staff to meet people's needs.

Rating at last inspection

This service was registered with us on 15 September 2020 and this is the first inspection.

The last rating for this service under the previous provider was Good (published 19 September 2018)

For more details, please see the full report which is on the Care Quality Commission's website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 the safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in the effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in the well led findings below.

Good ●

Rushyfields Residential 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 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

An inspector and an Expert by Experience carried out the inspection. 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

Rushyfields residential and nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives. We also spoke with six members of staff including the deputy manager, five care staff and the visiting community nurse. We reviewed a range of records. These included four people's care records. A variety of records relating to the management of the service, including audits, staff records, training records and procedures.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at audits, reports and action plans.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff.
- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- People and their relatives told us they felt their family members were safe. One person told us, "I do feel safe living here. I can go out whenever I want to; for a walk or get a bus, but when I've got people round me here, it makes me feel safe."

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff monitored the effects of people's medicines on their health and wellbeing and worked collaboratively with pharmacists and GP's to manage people's medicines and gain advice.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines audits were in place and actions were implemented.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received safeguarding training and were able to appropriately identify and raise any concerns.
- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were increased when people's needs changed.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed. When agency staff were used, this was done appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

Preventing and controlling infection

- The provider had good infection prevention and control policies and practice in place including a service-specific COVID-19 risk assessment.
- The registered manager ensured good standards of cleanliness and hygiene were maintained. All staff had received training in infection prevention and control. Staff used personal protective equipment (PPE) effectively and safely and they had plenty of PPE stock.
- People received visitors in line with the current government guidance. Relatives told us they could visit whenever they wanted to. The service offered relatives COVID-19 tests and asked them to wear face masks.
- Health and social care professionals had to show a negative COVID-19 test result and wear PPE in the 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions in an area of their life, they were supported to have maximum choice and control.
- Staff sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.
- Decisions were made in people's best interests with involvement from people, their family, advocates and relevant professionals.

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

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet.
- People were able to choose their own food at mealtimes. We observed people were shown two plates of food to choose from. This helped people make their choices.
- People could help themselves to drinks at any time. There were drinks stations set up in communal areas.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs.
- New staff followed an induction process that included specific training and shadowing experienced staff.
- People were supported by staff who received supervisions and appraisals.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live

healthier lives, access healthcare services and support

- The service worked in partnership with external professionals, such as community nurses and GPs to support and maintain people's long-term health and well-being. Feedback from the Community Matron we spoke with was positive. They told us, "The staff here are very interested and want to learn more. No issues here at all, communication is good."
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals.

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

- Peoples preferences, support and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their relatives and this was reflected in their support plans.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were trained in dignity and respect. We observed positive interactions and staff treat people with kindness and respect. Relatives told us, "I would say the staff are ten out of ten. They are all very friendly, very patient, kind and caring" and "Staff are friendly and helpful. Quite thoughtful at times and compassionate when I've found dealing with covid restrictions hard. They've been lovely to me, really. They really do know (Persons Name)" and "Staff speak to me all the time about day-to-day issues. They are very good."
- There was a genuine rapport between people, support staff and the management team.
- People were supported to maintain personal relationships important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to have their say regarding their support, and discuss any changes to their support with staff and their advocate or relatives. One relative told us, "The home does contact me to discuss my relative and I find those discussions very useful for updates of how they are doing and how they're responding to their care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence.
- People were supported to learn daily living skills of their choice.
- Staff engaged with people in a dignified way and ensured their privacy was respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The support people received was tailored to their needs and was delivered in a person-centred way.
- People had personalised support plans, and these were reviewed regularly.
- Staff considered people's needs when planning care and made the appropriate adjustments.

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

- Peoples support plans included engaging in the local community and supporting personal relationships.
- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being.
- People were enjoying a virtual trip to the sea side on the day of our inspection. Decorations, bunting, crab nets, sand, water, beach balls, fish and chips, ice creams and a singer made the event something for most people to get involved in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff adapted information and communication methods to suit people's preferences. For example, for those who needed it and other personalised communication such as different languages.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up.

Supporting people at their end of life

- People and their relatives were supported to have discussions about their wishes for the end of their lives.
- The records we reviewed showed discussions about people's preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans. Any barriers to leading a full life were avoided.
- Staff could approach the registered manager for support at any time.

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

- The provider and registered manager encouraged people and staff to be open with each other and created a culture of acceptance.
- People were supported by a well-managed staff team with positive attitudes.

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

- Policies and procedures were current and in line with best practice.
- The registered manager carried out audits and shared action plans with us for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The registered manager took on board feedback given.

Continuous learning and improving care, working in partnership with others

- The registered manager took on board the opinions and views of people who used the service and had put regular house meetings in place for people to share their ideas and views. Questionnaires were used to collect relatives' views.