

# Aspen Hill Healthcare Limited

# Rushmore House

## Inspection report

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21 June 2023

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Rushmore House is a care home providing personal care to up to 30 people. The home provides support to older adults and people living with dementia. At the time of our inspection there were 26 people living at the home.

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

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. However, we found not all capacity assessments and best interest records had been completed when required.

We have made a recommendation about record keeping for MCA and best interest decisions.

The registered manager and staff were open and honest, in dealing with concerns raised. The manager was competent and met required regulatory responsibilities. The registered manager used a range of governance systems to assess and monitor the quality of the service. Staff told us they were happy in their jobs and felt supported by the registered manager. We found some records had not always been completed.

We have made a recommendation about record keeping.

People received their medicines as prescribed, and we found safe systems were in place. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. There were enough staff to meet people's needs and keep them safe. Staff were recruited safely and received the training they needed. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. The home was worn and in need of being updated. The management had plans in place to renovate the home.

People and their relatives gave positive feedback about the home. People told us they received support from staff who were kind, respectful and well-trained. People were happy with the choice of food provided and mealtimes were pleasant and sociable. People's healthcare needs were being met, with referrals made to healthcare professionals when needed.

Care plans were up to date, regularly reviewed and person centred to ensure people's preferences and choices were being upheld. People were encouraged to visit the home and spend time with their loved ones. People told us they enjoyed the activities provided within the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 14 February 2023, and this is the first inspection.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 and 21 June 2023.

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, 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 not always effective.

Details are in our safe findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Rushmore House

## 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.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Rushmore House 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. Rushmore House 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. Inspection activity started on 20 June 2023 and ended on 27 June 2023. We visited the service on 20 and 21 June 2023.

#### What we did before the inspection

We reviewed information we had received about the home. 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.

During the inspection

We spoke with 5 staff including the registered manager and care staff. We spoke with 4 people and 2 relatives about their views of the care provided. We reviewed the care records for 3 people, numerous medicines records, 3 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service. 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.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. All medicine administrations were recorded on their electronic medicine administration record (EMAR).
- Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- People had care plans which detailed what medicines people were prescribed and how they liked to be supported.
- The unit manager carried out medicine audits to check medicines were managed safely.

### Assessing risk, safety monitoring and management

- Risk assessments were in place and risks to people's safety and well-being had been assessed and plans were in place to minimise them.
- Staff we spoke with were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- The environment was worn and in need of an update. The registered manager told us of their plans to renovate the home this year.
- The majority of equipment and building safety certificates were in place and maintained to keep people and staff safe. However, the home was unable to provide their electric certificate due to issues accessing this from the company who carried out the assessment. We were given assurances from the registered manager the testing had been completed.

### Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff we spoke with knew the signs of abuse and how to act on these. Records confirmed staff had completed training in safeguarding people from abuse.
- People and their relatives told us they felt the home was safe. Comments included, "Yes, I feel safe" and "I've been here 12 years. The care is brilliant. Staff are helpful."
- The registered manager kept individual safeguarding folders to ensure there was oversight of any concerns raised and actions taken.

### Staffing and recruitment

- Staffing rotas showed there were enough staff employed to ensure people's needs were being met daily.

People told us there were enough staff to meet their needs. One person said, "If I need them, they come quickly."

- Staff recruitment was carried out safely. The required checks were completed to help protect people from the employment of unsuitable staff.
- Staffing levels and skill mix was demonstrated as safe and sufficient. Use of agency nurses was minimal with consistent use of the same agency nurse when needed, to promote continuity.

#### 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 home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.
- 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 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

- We observed people's friends and families visiting the home throughout our inspection. The registered manager told us they used a private Facebook page for family to access and share pictures. One relative said, "I love the Facebook group. It's great to see [Name's] face on there when im not always able to visit."

#### Learning lessons when things go wrong

- Records showed accidents and incidents had been monitored and recorded appropriately.
- Incidents and accidents were investigated and reviewed by the registered manager to identify the cause and check appropriate action had been taken. Actions to mitigate future risk was also identified. Learning from incidents, complaints and safeguarding concerns had been shared with staff.



# Is the service effective?

## Our findings

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 of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity however, we found not all mental capacity assessments and best interest decisions had been completed. For example, one person who required bed rails to prevent them from falling out of their bed had not had a capacity assessment or best interest decision completed to ensure this was in their best interest.
- Another person did not have a capacity assessment or best interest decision in place for the use of a lap belt which is a restrictive practice. We discussed this with the registered manager who agreed to implement these documents.

We recommend the provider review their mental capacity assessments and best interests for individuals with restricted practices in place.

- Other Mental capacity assessments we reviewed showed if people lacked capacity to make specific decisions about their care the provider would involve people's representatives, relatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff encouraged people to make their own decisions about their care and understood their responsibilities under the Mental Capacity Act.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.

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

- The design and decoration of the home was worn, old and in need of an update. The registered manager told us they have planned renovation work in the home for this year and will consult with the residents about how this should look.
- The environment was outdated and required refurbishment which was suitable for people living with dementia.
- People's bedrooms had been individually furnished in line with their choices and preferences.

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

- Initial assessments were carried out by the home to ensure people's needs could be met prior to them coming to Rushmore House.
- People's relatives told us care reviews took place to ensure care needs were relevant and recorded on an online system called "Nourish".
- Care plans were updated and reviewed on a regular basis to ensure staff to follow the most up to date information.

Staff support: induction, training, skills and experience

- All staff completed a 3 day induction course followed by shadowing of experienced staff before starting in their role.
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff told us they received regular supervisions and had annual appraisals. One staff member said, "I have supervisions every few months. [Unit manager] tells us how we are doing, and any improvements needed."

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

- People were supported by staff to eat and drink enough to meet their needs. Comments from people included, "The food is alright, and we get a choice" and "Yes, it's alright (the food). No complaints."
- We observed the lunchtime service and people were offered choices of food and drinks. Throughout the day people were offered drinks and snacks at regular intervals. We also saw people had jugs of drink in their rooms to ensure they stayed hydrated.
- People who had been identified at risk of malnutrition were given a fortified diet to increase their calorie intake. Staff were aware of each person's individual needs including any modified food or fluids such as thickened drinks and soft food diet.

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

- People were supported with their healthcare needs. We saw evidence of engagement with a range of healthcare professionals.
- The home worked with health care professionals. For example, the GP and podiatrists. People had regular health checks and hospital passports were in place which included people's healthcare needs and preferred method of communication.
- People and their relatives told us they had access to health care when required. One relative told us, "I took a letter in for a referral for [Name] and they dealt with it straight away."

# 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

- People and their relatives told us staff were caring, respectful and pleasant. People and relative's comments included, "The care is absolutely brilliant, staff are very welcoming. They treat [Name] with kindness and compassion" and "The staff are very good, and they (staff) speak to you and dress nicely. The staff treat me with respect, and they are friends."
- We observed staff engaging with people during the inspection, in a caring and friendly manner. For example, we saw an activities co ordinator and senior staff dancing with residents whilst they were in their chairs and saw people smiling a lot.
- One relative told us, "They speak to [Name] with respect. I saw one staff member going on their lunch break and she saw [Name] wanted a cup of tea and dropped everything to make it for her."

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

- There were systems in place to ensure people had the opportunity to express their views and make decisions about care provided.
- One person told us they were part of the committee meetings in the home where issues could be raised and changes made.
- Relatives told us they were always included in decision making when required. One relative said, "[Name] has their medicines covertly and they discussed this with me before they did it. They explained things to me. They always contact me if anything happens."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans reflected what people required support with, but also what they could do for themselves. We observed one staff member who initially supported a person to eat their soup and then gave the spoon back to them to encourage independency. Further observation showed the person feeding on their own.
- We observed staff promoting people's dignity during the inspection. For example, we saw white voiles had been put over some resident's doors. The registered manager said this was because some people used their commodes and forget to close their door or may not have all their clothes on so to protect their dignity these were put up.
- People's personal and confidential information was stored securely in line with data protection laws.

# 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

- People's care records contained information that identified their abilities and support needs. This ensured staff were knowledgeable about their individual needs and preferences. One relative said, "[Name]'s mental health has gone down slightly because they have been diagnosed with Alzheimer's. The staff are aware of it and know her health so well."
- Care reviews took place with people and their relatives to involve them in the care planning process and included preferences for care. People told us they were offered choices and their needs were met by staff.
- Staff updated daily tasks and activities using electronic handheld devices. This daily information fed into people's care notes and was immediately accessible to managers to oversee.

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 those who were important to them.
- There was a person-centred care approach to activities and people were supported to engage in activities that met their individual preferences and to reduce social isolation. One person told us, "I used to be a commercial artist and the home knew this, so they gave me artwork to do." The resident's artwork had been put out on display in the home.
- The home also linked with other organisations to develop relationships within the wider community.

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 assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support people to communicate.
- Some people were able to communicate verbally and required minimal support. Some people when feeling anxious or unhappy presented as confused and required staff to spend more time with them to enable them to understand what was being said.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Records evidenced the action taken when a complaint had been received.
- People and relatives told us they knew how to complain and were confident that issues raised would be

addressed by the registered manager. One relative commented, "If I have any concerns, I can raise them. I'm happy they (registered manager) will sort it."

#### End of life care and support

- People were given the opportunity to discuss and make advanced decisions about their future care and support needs. Some people did have DNACPR documents in place. DNACPR means an advanced decision made by the person and their GP relating to resuscitation.
- End of life care plans we reviewed were generic and did not always identify specific details. We discussed this with the registered manager who confirmed this had been identified and staff were working to improve these and make them more person centred.

# 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 of 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.

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

- During our inspection we did identify some areas where records had not always been completed. For example, some reposition charts, MCA's and best interest records had not been completed.

We recommend the provider review their governance processes, to ensure record keeping is monitored effectively.

- Staff showed a good understanding of their roles and responsibilities. The registered manager and staff spoke positively about their commitment to making improvements to the care people received.
- The registered manager provided a visible presence at the service and was actively involved with people and their care and support.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.

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

- The registered manager was able to demonstrate how they worked with staff to promote effective care values. This included by way of their training, instruction and regular individual or group staff meetings. One staff member said, "We do mandatory training and can do other training. I had upskill training. This was 6-week training course in diabetes management, observations and end of life etc. If there is anything new, we need to learn they (management) will arrange it."
- Staff we spoke to all said they felt empowered in their role and supported by the management team. One staff member said, "The managers will always ask staff how you are. The manager is supportive and always approachable. I feel there has been massive changes here in the care given and everything."
- We observed positive relationships between staff, people living in the home and their relatives. One staff member said, "We always try our best and give 100%. It's about the residents and putting them first. The staff are all hard working and determined."
- The registered manager had a clear vision about continuous improvement. The registered manager had identified goals they wished to achieve and how these will have a positive impact on the home and care people received.

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

- The registered manager told us surveys for the home were due to be completed and that these had been planned to gather feedback from residents and relatives.
- Staff meetings and handovers were completed on a regular basis for effective communication and to share views.

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 duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open.
- Incident management records we looked at during this inspection, showed appropriate action was taken to ensure the quality and safety of people's care, including any additional measures when needed, to help prevent any reoccurrence.

Working in partnership with others

- The home worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed.
- Staff ensured referrals had been made in a timely manner to enable people to access health and social services when needed. One relative said, "[Name] had to go to hospital for a chest scan and they were able to organise for someone to go with her as I was at work and couldn't go which was brilliant.