WT UK Opco 4 Limited

Rush Hill Mews

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
Rush Hill Mews is a residential care home providing regulated activities accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 62 people. The service provides support to people living with dementia, a physical disability and older and younger adults. At the time of our inspection there were 57 people using the service.

Rush Hills Mews provides purpose-built accommodation over three floors, each floor can be accessed using the lift or stairs. Bedrooms are en-suite and there are additional communal toilets and washing facilities on each floor. There is level access to a large well-maintained garden and communal dining and lounging spaces throughout.

People's experience of using this service and what we found
People told us they were safe. We found there were systems and processes in place to help protect people from the risk of avoidable harm and abuse. There were sufficient numbers of safely recruited staff to meet people's needs. Staff spoke positively about the service and people they supported. Overall medicines were managed safely; however we found some recording errors. The registered manager said they would support staff with additional training. Food and fluid monitoring was not always consistent. We found no impact on people and the registered manager said they would work to rectify this shortfall.

There were systems in place to monitor and improve the quality and safety of care provision in the service, overall these were used effectively to drive improvement. Statutory notifications were submitted to CQC in line with statutory requirements. The provider engaged with stakeholders and had oversight of the service. A local Church visited and held regular religious services. The activities coordinator had a plan in place to drive improvement in relation to activities provision.

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

Rating at last inspection The last rating for this service was good (published 18 May 2018).

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rush Hill Mews 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?

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.

Rush Hill Mews

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 team was made up of 1 inspector, 1 bank 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
Rush Hill Mews 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. Rush Hill Mews 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

The first day of this inspection was unannounced, the second day of inspection was announced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection
We spoke with 9 people, 2 relatives and 10 staff including the registered manager, 2 senior leaders, a nurse and care staff. We reviewed various records in relation to the running of the service including audits, checks, care plans and 3 recruitment files. We observed interactions between staff and people in communal areas of the service.

Good

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place and used effectively to help protect people from the risk of abuse.
- Staff spoke confidently about potential indicators of abuse and what they would do if abuse was witnessed or suspected. Comments from staff included, "[I would report] bruises that appear out of nowhere, rough manual handling or poor quality of care" and, "I would tell [registered manager's name] about any abuse. I could go to CQC or [Operations Director's name] if this was ignored."
- Systems were in place to help protect people from the risk of abuse. The registered manager had oversight of potential safeguarding concerns and reported concerns to the Local Authority Safeguarding team as the need arose.
- People told us they felt safe. Comments from people included, "Yes I feel safe, feel at home" and, "Yes I don't feel unsafe."

Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and mitigate risks to people's safety.
- People had been assessed for risks such as falls, choking and malnutrition. When risks were identified, care plans provided guidance for staff about how this should be managed. For example, we looked at the plan for one person assessed as being at high risk of falls. The plan detailed the level of support the person needed from staff. Additional guidance, such as keeping the environment free of clutter and monitoring the person's whereabouts, further supported safety.
- Wound care plans we reviewed contained sufficient guidance for staff to help prevent further skin deterioration. For example, there were photographs of wounds in place with measuring tools in the pictures. This meant staff could see clearly if wounds were improving or deteriorating. Advice was sought from the tissue viability nurse when needed.
- Some people experienced periods of distress. Care plans described how staff should respond to this and effective person-centred responses to help calm the person. For example, one of the plans we looked at informed staff of the person's previous job role, giving examples of questions staff could use to defuse situations.
- Some people were having their food and fluid intake monitored. However, records we reviewed were not always complete or lacked detail. We found no impact to people and the registered manager confirmed they would facilitate additional training with staff to rectify this. One relative said, "They [staff] are really trying to get him to drink and offering choices."

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.
● At the time of our inspection, two people had DoLS authorisations in place, the registered manager had submitted further applications and informed the local DoLS team of changes as required.

Staffing and recruitment
● Processes were in place to ensure there were sufficient numbers of suitably qualified and safely recruited staff to meet people's needs.
● The registered manager used a staffing dependency tool to determine staffing levels in line with people's individual needs. For example, the tool considered help people needed to mobilise and communicate.
● People told us there were sufficient staff to meet their needs. Comments included, "Today I chose to strip wash, I need 2 staff to get me up and out of bed and 2 to shower. They support me to get up" and, one person said they felt safe because of, "The staff; the way they talk, their availability and number." A relative said, "[Person] uses the call bell at night. If I use it in the day they are here within a couple of minutes, they respond quickly."
● Staff recruitment processes were in place to help protect people from harm. For example, checks were undertaken with an applicant's previous employer in care and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Records we reviewed showed staff had training relevant to their roles. For example, dementia awareness, safeguarding and moving and handling training.

Using medicines safely
● Overall medicines were managed safely.
● Some people were prescribed topical creams and lotions. Bottles of creams had been dated when opened to ensure staff were aware of the expiry date. Records we looked at had been signed by staff to indicate creams and lotions had been applied as prescribed.
● Transdermal patch records were in place. In the main these showed people's patch sites were rotated in line with manufacturer guidance.
● People told us they were supported to take their medicines. Comments from people included, "Staff manage medication" and, "They [staff] manage my meds."
● We found some recording shortfalls in relation to medicines management. For example, handwritten administration instructions added to MARs had not always been countersigned by a second staff member. Having someone else check and sign, ensures the handwritten entry is correct. We spoke with the registered manager about our findings who said they would implement additional support and training for staff to support consistent recording. We found no impact to 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.

● People told us they were supported to receive visitors, we observed relatives and friends visiting during our inspection. Comments from relatives included, "Have not had to make appointments since the outbreak ended. I can have a coffee with him, always made to feel welcome" and, "Because of the outbreak a lot of things stopped but there were 2 named visitors, myself and [relative]."

Learning lessons when things go wrong
● The service learned lessons when things went wrong and worked to prevent unwanted incidents from recurring. For example, during daily meetings, staff reflected on any recent falls and how potential risks would be managed moving forward.

Good

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 good. The rating for this key question has remained 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

- Overall, the registered manager and provider had effective oversight of the safety and quality of care provision in the service. Information was reviewed and scrutinised to identify shortfalls and drive improvement. For example, at the time of our inspection care plans were being reviewed and updated to ensure they were comprehensively detailed and person-centred.
- The provider submitted statutory notifications to the CQC in line with requirements. Statutory notifications are important because they tell us about notifiable incidents and help us to monitor the services we regulate.
- People said they could speak with staff about any concerns. Comments from people included, "If I have concerns I would talk to care workers" and, "I would talk to the manager but I don't need to, the staff are good, I could talk to anybody."
- The service had a clear staffing structure, roles and responsibilities. Staff said they worked as a team and felt well supported by the registered manager. Comments from staff included, "We communicate well and I can approach my manager and senior if I have any concerns."

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

- The service engaged with stakeholders and used feedback to drive improvement in the service. For example, relatives had recently been involved with deciding the frequency and type of relative meetings. Meetings were now held every other month with options of attending online or in person.
- The registered manager planned to set up a relative support group for relatives of people living with dementia. This had been communicated to relatives during a recent meeting and plans for the group included providing relatives with training relevant to people's needs.
- Representatives from a local Church visited monthly to provide people with regular access to a religious service.

Continuous learning and improving care

- The registered manager and provider had oversight of accidents, incidents and safeguarding to help identify themes and trends and prevent a recurrence.
- The provider undertook quality assurance visits at the service. During the visits the provider spoke with staff to gain an understanding of their knowledge around key areas such as safeguarding and whistleblowing. They also reviewed records to identify areas for further development.

● The registered manager had recently trialled people leading 'resident meetings'. The trial was successful and people now took responsibility for chairing resident meetings and communicating outcomes to the registered manager. This helped the registered manager to understand what was important to people and what people felt should change or improve.

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

● People we spoke with were positive about their experiences of care. Comments from people included, "Staff are very good, I am very happy, no worries" and, "Staff are so friendly, people [staff] pop in and wave as they pass."

● Staff we spoke with knew people well and provided person-centred care. For example, staff knew people's preferred morning routines and we observed staff taking time with people to hold their hands or offer reassurance. One person said, "They [staff] are good, very willing to talk about themselves and where they live, in the night one of the nurses was lovely and was gently stroking my back."

● The provider had identified activities provision was an area for further development; provision was not always aligned to people's individual interests. At the time of the inspection, the provider was recruiting an additional activities coordinator to support this development. An action plan detailed planned improvements, including increasing the service's links to local community groups, a day trips provision and supporting people to achieve items on their 'wish list'.

Working in partnership with others

● There was a weekly visit from the GP. Staff said it was easy to access out of hours support and advice when needed.

● The service sought advice from other health professionals when needed. This included the mental health team, dietician, local palliative care team and the falls team.

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 was aware of their responsibility to act transparently and apologise when things went wrong.