Ms Mary B Rushe

Rushes House Care 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
Rushes House Care Home provides accommodation and personal care for up to seventeen people. At the time of this inspection 11 people were living at the home.

People's experience of using this service
People and relatives spoke positively about their experiences and the quality of care and support offered. We were told and saw that staff were kind and respectful and were aware of the individual needs, risks and wishes of people.

People received personal care and support from the registered manager/owner and a small staff team who knew them very well in a small homely comfortable home. They enjoyed the homemade food offered.

When taking on new staff the service ensured appropriate checks were carried out to check candidates' suitability to work with vulnerable people. Ongoing training was provided to staff both face to face and online to help ensure they had the knowledge and understanding of their care and support responsibilities.

People, relatives and visiting professionals were given opportunities to provide feedback on the quality of care and to comment on the service they received.

The registered manager/owner worked at the home on an almost daily basis and lived on the same site. There was evidence of management and oversight of the service. Audits and checks were completed to monitor and review the service.

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

Rating at last inspection:
At the last inspection the service was rated requires improvement (May 2018). The service had breached two regulations of the Health and Social Care Act 2008. The provider completed an action plan after the last inspection to show what they had done to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:
This was a planned inspection based on the rating at the last inspection

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

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 caring? The service was caring Details are in our Caring 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

Rushes House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

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

Rushes House Care Home accommodates up to 17 people in one ordinary house type property. Accommodation and support was provided on three floors which were accessible by a passenger lift. The service does not provide nursing care.

The service had a manager registered with the Care Quality Commission who was also the registered provider. This person is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced on the first day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives. We also spoke with the registered manager/provider, the administrator, three care staff and the chef. We looked around parts of the property, at the care plans and risk assessments for three people, two staff recruitment files, staff training and a range of records relating to the management 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 the last inspection this key question was rated requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not have an electrical safety certificate in place. At this inspection we found this had been addressed and the provider was no longer in breach of the regulation.

•Maintenance and testing of equipment had been kept up-to-date including those to ensure the safety of gas appliances, electrics, fire safety systems, bath chair hoists and passenger lift.
•People had assessments in place to cover a range of risks and action had been taken to reduce the identified risks.
•We saw personal emergency evacuation plans (PEEP's) were available at each fire exit to use in cases of an emergency.
•No-one was using a hoist to transfer; however, it was noted that the staff team were in the process of receiving face to face practical training in how to use one safely.
•Although window restrictors were in place we asked the registered manager/owner to check that they met with the Health and Safety Executive (HSE) current guidance.

Systems and processes to safeguard people from the risk of abuse
•People told us, and relatives confirmed that they felt the home was safe. Relatives said, "I am not as worried as I was when relative was at home. I know [relative] is being well looked after and we wouldn't change anything. Up to now it has been fine and "We have peace of mind as we know [relative] is well looked after and if there is a problem they deal with things."
•Care staff had received safeguarding training both online and with the local authority. They had a good understanding about how to raise concerns and had the contact numbers of other agencies they could contact if necessary.
•Care staff were confident that the registered provider/manager would take any concerns they raised seriously. They said, "I am 100% confident that [registered manager/owner would act but I know who to contact if they didn't."

Staffing and recruitment
•Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
•People were supported by a small staff team who knew them well. No agency staff were used, and the

home had two regular bank staff who they could call on if cover was needed.
•At night there was a waking night staff and a staff member 'sleeping in'. The registered manager/owner lived on the same site as the home and was available in case of an emergency.

Using medicines safely
•Systems for the safe management of medicines were operated effectively. Medicines were organised, and people were receiving their medicines when they should.
•Staff told us they had received training in the administration of medicines and competency checks were completed.
•The registered manager/owner told us about how they worked with the local doctors to keep people's medicines to the lowest required levels.

Preventing and controlling infection
•The home was seen to be visibly clean and no malodours were detected. At the time of the inspection the service did not have a housekeeper, but interviews were planned.
•Cleaning products were kept in the cellar/maintenance area. Staff said and we saw that there was plenty of disposable gloves and aprons for staff to use.
•Sluice washing machine was available in the laundry to help control and prevent the spread of infection
•The home had received the highest '5 star' rating in September 2018 for the kitchen, which meant they followed safe food storage and preparation practices.
•The local Infection Prevention Nurse carried out an assessment at the home in November 2018 and no concerns were found.

Good

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 the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience
•Since our last inspection the registered manager/owner has introduced online training at the home. Face to face training was also provided in first aid and moving and handling.
•Staff confirmed that they were happy with the training and support provided.
•New staff told us that they had received good support from the registered manager/provider who was always available to them. They were in the process of undertaking the online training and had been booked on the face to face training. New staff told us they had been made to feel welcome by the staff team. They said, "[Registered manager/owner] is inspirational. They make sure I am comfortable and introducing things slowly" and "[Registered manager/owner] is a grafter. Vey hands on."
•Work was being undertaken by the administrator to improve the staff team training matrix to give the home a better overview of the training that staff had received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 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 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Four people had been assessed as requiring a DoLS and applications had been made to the local authority for authorisation. One had been authorised as high risk and three had not yet been authorised as they had been assessed as low priority.
•People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible.
•The registered manager/owner assessed the needs of everyone coming to live at the home. This was to ensure that people would get along well together to promote a happy and calm home, that people's behaviours did not disrupt the established group and that any risks of the created by the ordinary home

environment could be met and managed.
•The registered manager/owner knew everyone well and some people had lived at the home for more than 14 years.

Supporting people to eat and drink enough to maintain a balanced diet.
•One person said, "The food is absolutely delicious. I have put on 3lbs over the weekend. I eat everything." We saw the food looked, smell and tasted appetising. People were seen to enjoy their meals and juice and water was offered to keep people hydrated.
•The chef had been at the home for 8 years. They worked 6 days a week and prepared Sunday meals for staff. We spoke to the chef. It was clear that they knew people's likes and dislikes well. Everything produced was homemade including soups and cakes made daily. On the days of our inspection this was seen to be a huge Victoria sponge with jam and cream and Devon cream scones.
•One person was on a modified mince and moist diet and amendments were made for people who required a diabetic diet. A district nurse commented in a feedback questionnaire that, "Blood glucose levels we controlled. This shows staff understand the correct diet to give to diabetic residents.
•We saw the service had introduced the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which provide staff standard instruction on its use.
•We saw that one person who lived with dementia had forgotten they had eaten their pudding, so the chef gave them another one.

Supporting people to live healthier lives, accessing healthcare services and support; Staff working with other agencies to provide consistent, effective timely care.
•The registered manager/owner said that they had a good relationship with the local doctor's surgery. The registered manager/owner told us that their previous nursing knowledge helped in the health care of people. They said their rule of thumb was 'prevention was better than cure' and this was repeated by staff we spoke with.
•We saw that the registered provider/owner had requested feedback from healthcare professionals who supported people who used the service. A doctor commented, "People are well cared for and dignity maintained for all residents"
A nurse who had been involved in continence management commented, "Staff know their residents and individualised care is given. A stoma care nurse commented, "Very pleasant care home. [Person] is obviously very happy and stoma has been cared for well."
•People had access to a range of healthcare professionals, including psychiatrists where needed and dentists. Care plans showed that oral hygiene was assessed and monitored.

Adapting service, design and decoration to meet people's needs
•Rushes Care Home is a small home. It was a lovely ordinary house with roses round the door and well placed opposite the village green and close to local amenities.
•The registered manager/owner was in the process of introducing more en-suites to people bedrooms to good effect.
•There was an ongoing refurbishment plan for the home. We noted that there were several double-glazed windows that were cloudy. The registered manager/owner told us that they would be replaced as soon as possible.

Good

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

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
•The atmosphere at the home was relaxed and friendly.
•People appeared well dressed and their hair well groomed. We saw that any items they needed were kept in a place where they could see them and easily reach them.
•People's birthdays were celebrated with a cake and champagne.
•A person who had recently moved into the service said, "Its lovely here, comfortable. Every little thing is seen to. I am feeling on top of the world again after a stay in hospital. My family is happy, and I can sleep. I was like a shaggy dog when I arrived, but I have had my hair cut, got my makeup on and had baths and feel totally different than I did this time last week. Staff are very kind. No-one is not nice. I just press this button and they come up straight away with a cup of tea!" A relative said, "They know [relative] very well even down to how they like their boiled egg."
•Staff said, "I love it here. It is important to keep people's hair nice and dressed well. I like coming to work it is a home from home. Everyone is different" and "There is attention to detail. It's a small home and it doesn't feel overcrowded."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care
•We were told that despite some people having advanced dementia they had been supported to remain as self-caring as possible. It was felt that living in a small ordinary style house had helped to achieve this.
•Most people who lived at the service had previously lived locally. We saw people are encouraged to maintain contact with family and friends. Where a person did not have any family they still met with friends from University.
•We were told by two people that they went to church by taxi every Sunday. We saw were able people going to and from the village to use local amenities.
•We were told that people go to bed and get up when they want to.
•To reassure a relative of a person who had been ill the service had sent photographs to them online to show they were getting better.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question had remained 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.
•A care manager commented in a feedback survey that the home provided, "Flexible, attentive care planning. Happy with the placement and level of care."
•Care plans were sufficiently detailed to guide staff on the care and support people wanted and needed. There was evidence that records had been reviewed.
•We attended a handover one of the three handovers that took place every day between day and night staff. Each person was discussed so that oncoming staff knew what they needed to do to support people effectively.

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
•There was no set activity programme. People were seen to follow their own interests where they were able. For example, one person was able to do word search puzzles with support, another enjoyed watching birds come to the bird feeder at the window. Other people liked to read newspapers and magazines and listen to music.
•People had recently sat outside to watch the local carnival procession go past the house. Some people went on canal barge trips which were said to be popular. We saw people and relatives going out to the local village for coffee and then out for a walk to the furthest bench on the village green. The home had shown interest in the fruit trees that had recently been planted on the green as part of the 'Incredible Edibles' project.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow he Accessible Information Standard (AIS). The standard was introduced to make sure that people are given information in a way they can understand. This standard applies to all people with a disability, impairment or sensory loss and in some cases their carers.
•We saw that people with sensory loss had glasses and hearing aids to help them communicate more effectively with others.
•Staff told us they always asked people's permission before supporting them with personal care. They also told us that the registered manager/owner had taught them how best to communicate with people who live with dementia.

Improving care quality in response to complaints or concerns
•The home had a complaints policy and procedure which was on display.

•The registered manager/owner said, "We have had no complaints. I nip things in the bud. I want to have good relationships with people. I am sure people would come and speak to me if they had any concerns."

End of life care and support

•The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life.

•We were told that wherever possible the home would seek to avoid hospital admissions where it was safe to do so and with the support of the local doctors' surgery. We saw evidence where a person had made a good recovery from a stroke and was walking again within 24 hours.

•We saw evidence of end of life care planning which capture people's choices and preferences and who should be involved once people reached the end of their life.

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 the last inspection this key question was rated requires improvement. At this inspection this key question had improved to good. This meat the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Manager and staff being clear about their roles and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not have an electrical safety certificate in place. At this inspection we found this had been addressed and the provider was no longer in breach of the regulation.

•The registered manager was also the owner or nominated individual and is legally responsible for the home. The registered manager/owner lived next door to the home. The registered manager/owner is a former registered nurse with many years' experience caring for older people.
•The registered manager/owner worked directly with people on an almost daily basis so knew people, their relatives and staff well. The registered manager owner said, "I like to look after people." People said, "[Registered manager/owner] is lovely and never off the premises." Staff said that the registered manager/owner was "Ever present doing hands on care. It is her life" and "[Registered manager/owner] has been very supportive including when my personal circumstances have been difficult."
•The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained good standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; engaging and involving people using the service the public and staff, fully considering their equality characteristics.
•The registered manager/owner told us how important it was to value care staff. They told us, "Good staff are like gold dust." The registered manager/provider had clear standards and expectations of staff, which included having, "Competence and common sense."
•The service worked closely with families and with professionals such as local doctors, social workers, district and specialist nurses and commissioners to ensure that the service they provided was consistent. No concerns were raised with us by local authority commissioners and safeguarding.
•People, their relatives and visiting health and social care professionals were asked to complete satisfaction surveys. We saw on recent survey's completed by relatives' comments such as, "Very happy with the care [relative] receives. The food is great which is probably one of the only pleasures [relative] gets now [relatives] Alzheimer's has progressed significantly. [Registered provider/manager] and her team are always extremely

welcoming and keep us up to date with [relatives] health and any doctor's visits. I would have no hesitation recommending Rushes House", "My [relatives] care at this home is exemplary" and "I have the utmost confidence in Rushes House for the care and wellbeing of my [relative]."