

Rushcliffe Care Limited

Matthews Neurorehab Unit

Inspection report

Epinal Way Care Centre
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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

Matthews Neurorehab Unit is a nursing home providing personal care for up to 38 people. At the time of the inspection 29 people were using the service. Accommodation is provided over four specialist units on the ground and first floor with ensuite bedrooms, communal and medical facilities.

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

All the people and relatives we spoke with praised the home. People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of staff employed to ensure people's needs were met.

Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the service had robust procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related to ethnicity.

People received their medicines safely and as prescribed. Medicine management practices were safe.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

The service was provided in a clean environment.

Consideration was given to providing leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 requires improvement (published 12th December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 exceptionally 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 ●

Matthews Neurorehab Unit

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 2014.

Inspection team

An inspector, a nurse specialist advisor and expert by experience carried out this 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

Matthews Neurorehab Unit is a 'care home'. People in care homes receive accommodation and 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.

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 since the last inspection. 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 (PIR). 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 of this information to plan our inspection.

During the inspection

We spoke with four members of care staff, the registered manager, various clinical staff and seven people who lived at the service. We reviewed a range of records including three care records, medicine administration records, three staff recruitment files and training matrix. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to systems and processes to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems and processes in place to safeguard people from abuse. This included a robust safeguarding policy that sets out actions to take in the event of a safeguarding concern.
- Staff were able to explain their role in safeguarding people and could tell us what they would do in the event of any concerns.
- Records showed staff had undergone safeguarding training.
- A safeguarding lead had been appointed and new processes had been put in place. Referrals were recorded on a safeguarding tracker and a case conference meeting is held to discuss themes and trends.
- Staff understood when and how to whistle blow. The service had whistleblowing posters displayed around the home with clear reporting protocols.

Assessing risk, safety monitoring and management

- Risk assessments were contained within care plans. These covered a wide range of areas such as behavioural management, mobility, skin integrity and nutrition.
- Risk assessments were up to date and available to relevant staff.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to staffing. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.

Preventing and controlling infection

- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection and staff were observed using correct personal protective equipment.
- Records showed that all staff had received infection control training.

Learning lessons when things go wrong

- The service kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff. For example, a person developed a grade 3 pressure sore. The homes internal physio assisted care staff with optimal positioning. A new airflow mattress and pump was ordered. The relevant authorities were notified. The homes clinical staff took over wound care and retrained care staff in pressure sore care.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments identified people's care needs and provided staff with guidance on how to meet their needs and preferences. For example, people with high risks of skin breaking down were checked on a regular basis and this was documented.
- Care reviews took place regularly to ensure changes to people's needs were identified quickly.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager confirmed several people were subject to restrictions to their liberty under the DoLS. There was a system in place to record when these were applied for and when the renewals would be due. This was audited on a monthly basis.
- The registered manager was aware of their responsibilities relating to DoLS.
- People's mental capacity was assessed and recorded on care records. Where it was identified people lacked capacity, best interest decisions were recorded.
- Staff understood the importance of gaining consent before providing care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job.
- The service had a training matrix in place that identified when training was due.
- Staff had the opportunity to discuss their training and development needs at regular supervision and

appraisals.

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

- People had choice and access to sufficient food and drink.
- Food preferences were recorded within care plans with people's likes and dislikes. This included taking cultural dietary requirements into consideration.
- The provider employed speech and language therapists who conducted assessments on people who had dietary needs.
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals.
- People who received a pureed - diet had their food served in an appetising and appealing way.

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

- People's healthcare needs were met.
- Records showed referrals were made to the GP and community nursing services when required.
- The service ensured people's oral health care needs were met. People had oral health assessments in place.

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

- Accommodation was provided in ensuite ground and first floor rooms with communal lounges, dining and medical facilities which included a simulated physio suite and hydrotherapy pool. The design met the needs of the people living there at the time of the inspection.

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 as requires improvement. At this inspection this key question has now improved to 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 were supported by staff who knew their needs, likes and dislikes well. A person stated, "They [Staff] are caring, lot of verbal engagement when using my frame. Everybody encourages each other, they see improvement in others, and this pushes me hard for my own good in the right direction."
- Our observations showed staff were kind, caring, friendly and attentive.
- Staff told us they enjoyed working at the home and this was witnessed during observations.

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

- People were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care.
- People's views were sought, listened to and used to plan their care and improve the service. A person stated, "If I was struggling staff would help, they tell you what they are doing."
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. It was observed staff knocking on doors before entering rooms.

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 as requires improvement. At this inspection this key question has now improved to 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 received care and support in a way that was flexible and responsive to their needs. For example, staff had supported a person who suffered a traumatic brain injury to regain independence. Their goal was to eat self-sufficiently and be able to walk. The home's physio therapy team used a Mollii Suit that sends electrical impulses to activate muscles as well as other therapies. The person had regained their independence through using this newly available technology. They had met their goals and were living more independently as a result. Staff were supporting the person to regain life skills and the services social work team were working with the local authority to find the person a home within the community, so they could be closer to their family.
- Staff had supported another person by enabling their spouse to join in hydrotherapy pool sessions. This had helped the couple maintain a relationship and was responsive to their needs.
- The provider had also worked with the local NHS trust to have clinics on site. More people were now accessing services as they were flexible, and they did not have to endure long journeys to specialist hospitals to receive treatment.
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people. Staff have supported a person to manage their anxieties and behaviour. All incidents were recorded on an ABC chart. The home's clinical psychologist analysed this information considering the time of incident, location, triggers and themes. These were discussed in multi-disciplinary meetings and staff training was updated to enable them to provide the person with appropriate support. As a result, incidents had decreased by over half in three months.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences and which promoted their independence.

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.

At our last inspection the provider had failed to robustly assess the risks relating to meeting communication needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's communication needs were identified. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- The home had speech and language therapists as part of its multi-disciplinary team, who worked closely with the electronic and assistive technology service. The provider had introduced the grid system within the home; this enabled people who would not normally be able to communicate to do so via their eyes. The speech and language therapist trained people to use the system within the home and this allowed people to communicate who otherwise would be unable and maintain relationships.

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 told us they participated in a range of activities.
- Regular activities also included communication, exercise and relaxation groups.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure in place and records were maintained.
- A suggestion box was located within the home's reception area.
- The registered manager had a complaints log in place that tracked trends and this was used to improve the quality of the service.

End of life care and support

- The service had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered manager undertook quality audits in a key number of areas including accident and incidents, environment, medication and the complaints. There were systems in place to prompt supervision, training and competency checks.
- The home was working with an international university and local NHS trust to measure outcomes for people. This information was fed into a central computer system which enabled the provider to benchmark their performance with similar services.
- Staff were clear about their role and told us they were supported.
- The registered manager had made notifications to CQC and the local authority as required to do so.

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

- People and their relatives were involved in the setting up of their care.
- The provider had asked people to complete quality questionnaires so that areas of improvement could be identified.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs.
- Staff worked closely with GP's, and other healthcare professionals, to ensure people's needs were met.
- The registered manager was supported by clinical and nursing staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home was providing person centred care to people and this was evident from care records and talking with people.
- The registered manager was open and transparent throughout the inspection and people and professionals spoke highly of the service.