

Elizabeth Finn Homes Limited

Rashwood

Inspection report

Wychbold
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Ratings

Is the service effective?

Requires improvement



Overall summary

We completed an unannounced comprehensive inspection of this service on 18 and 19 November 2014. We found there was a breach in the legal requirements and regulation associated with the Health and Social Care Act 2008. The provider did not make sure where people had restrictions in place to meet their needs these had been lawfully applied for so that people were not unnecessarily deprived of their liberty. We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulation and when their actions would be completed by.

We undertook this focused inspection to check the provider had followed their plan and to confirm they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Rashwood on our website at www.cqc.org.uk.

The provider is registered to provide accommodation and personal and nursing care for up to 53 people at Rashwood. The home environment is divided into three areas, two for people with nursing care needs and one for people with residential care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew the importance of using people's own communication preferences so that they could make their own choices and decisions. We saw staff waited for people to consent to their care and make their own choices which included what they wanted to do, where they wanted to be and the food they wanted. People told us they received care and support in the least restrictive way which promoted their own lifestyles and daily routines.

Summary of findings

We saw for people who were unable to make a specific decision about an aspect of their care and treatment this had been made in their best interests by people who had the authority to do this. Where people had potential restrictions in place and did not have the mental capacity to agree to these the registered manager had now made Deprivation of Liberty applications to the supervisory body for authorisation. By doing this, the registered

manager had followed the correct process to take on the legal responsibility to make sure people were not unlawfully restricted of their freedom or liberty unnecessarily.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made continue to be implemented and embedded into practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Where the provider was in breach of Regulation, we found action had been taken to meet the legal requirements of the law and improve the effectiveness of the service.

People were supported to consent to their care and treatment and make their own specific decisions. Where people did not have the mental capacity to make specific decisions, actions were taken to ensure these were made in their best interests.

People received care and support in the least restrictive way to effectively meet their needs and keep them as safe as possible. Deprivation of Liberty authorisations had been sought to ensure people were only deprived of their liberty lawfully and in the least restrictive way.

We could not improve the rating for effective from requires improvement rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Rashwood

Detailed findings

Background to this inspection

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

This was an unannounced focused inspection which was undertaken on 9 October 2015. The purpose of our inspection was to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 and 19 November 2014 had been made. We inspected against one of the five questions we ask about services; 'Is the service effective?' This is because the provider was previously not meeting some legal requirements in relation to this question.

The inspection team consisted of three inspectors.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements. We contacted the local authority and the clinical commissioning group who are responsible for monitoring the quality and funding for people who use the service. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met with the people who lived at the home and spoke in more depth with five people. We saw the care and support offered to people at different times including over lunchtime. We also spoke with the registered manager, clinical manager and three staff members.

We looked at three people's care records. This was to focus upon assessments around obtaining people's consent, the applications sent to the supervisory body and the Deprivation of Liberty authorisations. We also looked at other records which included those the registered manager used to manage and review the completed Deprivation of Liberty applications and authorisations.

Is the service effective?

Our findings

At our comprehensive inspection on 9 September 2015 we found applications for the Deprivation of Liberty Safeguards (DoLS) had not been completed and or made to the supervisory body. This was because applications under DoLS had not been completed and submitted to the supervisory body so that people were not unlawfully deprived of their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since the change in legislation on 1 April 2015 now corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 9 September 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

The Deprivation of Liberty Safeguards (DoLS) is legislation that protects people who are not able to consent to care and support. It makes sure people are not unlawfully restricted of their freedom or liberty. The registered manager had a good understanding of their responsibilities around the application of the DoLS. For example, following our last inspection the registered manager had ensured DoLS applications had been made to the supervisory body, (the local authority). These applications were for people who were unable to exercise choice in respect of their ability to go out from the home safely and deprivations to their liberty.

Staff had been provided with training on the Mental Capacity Act 2005 (MCA) and DoLS. Staff told us they were increasing their knowledge as they became more familiar with the DoL and what it meant in practice for their caring roles. They told us they always discussed with the registered manager and senior staff if they had concerns about people's needs changing and if there was a potential they may be receiving care which may restrict their liberties. This was to make sure appropriate decisions could be made which were right for each person and they were safe. Staff were able to tell us how they used the least restrictive approaches when they responded to and met people's identified needs. Risks to people were reduced, and their welfare promoted. with risks reduced to their welfare. One staff member told us how they provided reassurance to one person who sometimes asked to leave

the home. This person's mental capacity had been assessed. A professional had visited as part of this so this person's needs were met effectively in the least restrictive way for them. Another staff member told us, "I know we need to consider that people can move around freely and so we always ensure if they have any walking aids these are within reach."

We looked at the care records for one person who had a DoLS authorisation in place. This person's care records included relevant information about the DoLS authorisation and what this meant for this person. There was guidance for staff to follow so that support offered was personalised for this person which staff told us assisted in making sure it was the least restrictive way to meet this person's needs and keep them safe. We also saw people's representatives and external professionals were involved in the decisions made which led up to DoLS applications being made so that people's best interests were at the heart of this process.

People we spoke with told us staff always asked for their consent before they offered care and they did not feel restricted. One person told us how they were supported with their decision to move rooms which was important to them. They said, "There's lots of choice" and they were involved in their care. Another person told us, "Staff are very responsive and know my needs which makes a big difference. Can make my own choices and these are respected by staff. I don't feel restricted by staff only by my own physical abilities." A further person said they had choices, "If I want to stay in my room or join other people. Some days I will stay in bed and have my meals."

We saw examples of the staff practices people had told us about. We saw people were provided with choices at lunchtime. Staff used people's preferred style of communication so that people were able to make their own decisions around what meals they would like. For example, one person used gestures to communicate their choices and where they wanted to be. Staff were seen to understand so that this person's choices and decisions were met. We also saw people were comfortable in asking for alternative meals which were not on the menu and staff used questions, such as, "Would you like your fish cut up?" to establish people's choices. Specific aids were also

Is the service effective?

provided, such as, the right crockery to meet people's needs. We also saw where people needed specific equipment this was provided so that people were not restricted unnecessarily due to their physical abilities.

The registered manager had effective procedures in place and we saw these were used to regularly review the potential restrictions people had in place alongside changes in their needs. This included informing the local authority and the coroner when people had died. The registered manager also checked with the supervisory body on the progress of the DoLS applications they had submitted. Where people's DoLS had been authorised the registered manager had fulfilled their responsibilities as they had sent the Care Quality Commission notifications to

confirm the authorisation of two DoLS. The registered manager also told us they would apply to the supervisory body before the date noted on each person's DoLS authorisation had expired so that reviews could be completed in a timely way and people were not restricted unlawfully.

We found there had been positive improvements in the application of the law around DoL so that people were protected from harm and were not deprived of their liberty unlawfully. However, we could not improve the rating for effective from requires improvement to good. This is because to do so, the provider is required to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.