Elizabeth Finn Homes Limited

Rush Court

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

We carried out an inspection on 4 and 13 July 2017. Rush Court is a care home registered to provide personal and nursing care for up to 50 people. At the time of our inspection there were 49 people using the service.

At our inspection in June 2015 we found that medicines were not always managed safely. At this inspection we found improvements had been made and people received their medicines safely.

There was a strong caring culture that created a family feel to the service. The registered manager promoted a person-centred culture that ensured everything the service did benefited the people who lived there. People and relatives were complimentary about the responsiveness and approachability of the registered manager. Staff were passionate about their work and were supported by the management team within the service.

Without exception people and their relatives were extremely positive about the quality of care people received and described many examples of staff going the extra mile when supporting people. People received compassionate care that put them at the centre of everything the service did. People developed relationships with staff based on mutual respect and kindness. There were many caring interactions where staff showed they knew people well and valued people as individuals.

People had the opportunity to engage in activities that took into account their individual interests. People were encouraged to continue to enjoy past interests and to re-establish skills they had not used for sometime. People had close links with the community and enjoyed regular outings to local places of interests. When people's needs changed the service took immediate action to ensure their needs were met.

The service supported people at the end of their life and did so with empathy, ensuring people experienced a dignified, pain free death. Staff supported bereaved families with compassion and carried out acts of kindness to reduce their distress.

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 support this practice.

There were effective systems in place that ensured the registered manager had an overview of the quality of the service and enabled continuous improvement.

The registered manager looked for innovative ways to improve the service. The service benefitted from membership of nationally recognised schemes that promoted high quality care and respected people as individuals. People were involved in the development of the service. The registered manager ensured learning from complaints and feedback from people was used to improve the service.

The registered manager ensured they kept their skills and knowledge up to date and looked for ways to share learning throughout the organisation.

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.

People's medicines were managed safely.

There were sufficient staff to meet people's needs.

People were supported by staff who understood their responsibilities to identify and report safeguarding concerns.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs and were well supported.

People received food and drink to meet their nutritional needs and individual dietary needs were met.

Is the service caring?

Outstanding

The service was outstanding in caring.

People were supported by staff who were extremely caring and compassionate.

Staff involved people in every aspect of their care. People's decisions were respected.

People were supported to experience a dignified and pain free death.

Is the service responsive?

Outstanding

The service was extremely responsive.

People had access to a range of activities that were arranged to meet people's preferences and interests.

The service was extremely responsive to people's changing needs.

People, relatives and staff were involved in activities that resulted in inclusive events that were enjoyed by all.

Is the service well-led?

Good

The service was extremely well led.

The registered manager promoted a culture that valued each individual and put them at the centre of all the service did.

There were effective systems in place to continually monitor and improve the service.

The registered manager looked for ways to improve people's experience of care and took opportunities to improve their own skills and knowledge.

Rush Court

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 inspection took place on 4 and 13 July 2017 and was unannounced.

The inspection was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service which included previous inspection reports and notifications. Providers are required under the law to send notifications to CQC relating to specific events.

During the inspection we spoke with 8 people using the service, six relatives/visitors and one visiting health professional. We spoke with the operations manager, the registered manager, the clinical lead, a unit manager, head of care, a physiotherapist, two nurses, two members of the social engagement team, three care staff and the chef.

We looked at six people's care records, medicine administration records, three staff files, and records relating to the management of the home.

We observed practice throughout the inspection and 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.

Following the inspection we received feedback from two health professionals.

Good

Is the service safe?

Our findings

The service improved to Good.

At our inspection in June 2015 we found medicines were not always managed safely. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulation. Balances of medicines were recorded and monitored. Where people were prescribed 'as required' (PRN) medicines there were protocols in place with clear guidance for staff as to when medicines should be administered.

People told us they felt safe. One person told us staff checked her door leading to the garden at night to ensure it was locked. The person found this reassuring. Relatives were confident people received care that kept them safe. Comments included; "[Person] has no pressure sores, despite being bed bound" and "They call the family and reassure them every time there is an incident".

Staff had completed training in safeguarding adults. Staff we spoke with had a clear understanding of their responsibilities in relation to identifying and reporting concerns. Staff knew where they could report issues outside of the service if they felt action had not been taken to address the concerns. One member of staff told us, "I'd go to senior staff to report my concerns or I could go to the police or local authority".

There were sufficient staff to meet people's needs. Although some people felt there were not enough staff as they had to wait longer than acceptable for call bells to be answered, other people told us call bells were answered promptly. The registered manager monitored the response time taken to answer call bells. Any calls that took ten minutes or longer to answer were alerted to the registered manager and an investigation completed.

Staff told us there were enough staff. Staff comments included; "There's enough staff here, sometimes we are busy, especially on the nursing unit but we all pull together" and "I think there are enough staff, particularly on the residential unit".

People's care records contained risk assessments and where risks were identified there were management plans in place. Risks assessments included risks associated with nutrition, mobility, skin integrity, falls and bed rails. Risk assessments supported people to live their lives as they chose and encouraged positive risk taking. For example, one person's care plan identified they liked to smoke. A risk assessment had identified that the person needed to be supported by care staff whilst smoking outside. The person wanted to spend a significant amount of time outside smoking and it was not always possible for staff to support the person's needs. The risk assessment had been reviewed and it was agreed that the person would be supported to go outside by staff and would then be left alone, with a call bell. Staff checked on the person regularly. This ensured the risk was managed and the person was able to spend their time as they chose.

The provider had effective recruitment systems in place. Staff records showed checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks included Disclosure and Barring Service

checks (DBS) and references from previous employers. These checks enabled the provider to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

The service remained Good.

People were supported in line with principles of the Mental Capacity Act 2005 (MCA). 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.

Throughout the inspection we saw people were asked for their consent before being supported by staff. For example, a nurse was administering a person's medicines. The nurse checked the person was ready and that they were happy to take their medicines. The person was unsure about one of the medicines. The nurse explained what the medicine was for and talked about the symptoms that indicated the person may need the medicine. The person decided they did not think they needed the medicine and the nurse respected their decision.

Where people had been assessed as lacking capacity to make decisions this was documented and decisions made in people's best interest. Where people had appointed a person as their legal representative the person was involved in decisions relating to the person's care.

Staff had completed training in MCA and had a clear understanding of how to apply the principles of the act when supporting people. Staff comments included; "I make sure they (people) can understand what I'm saying. I offer choices and work in their best interest" and "This (MCA) is about people making their own decisions. Some people need extra help to make those decisions but it is always their choice. Where consent is concerned I always ask and check".

Staff had the skills and knowledge to meet people's needs. Relatives/visitors were positive about the skills of staff working in the service. One visiting health professional told us, "The nurses are knowledgeable and know their limitations so will always call for advice".

Staff were confident they had the skills to carry out their role effectively. Staff comments included: "I have the skills, we get regular training to keep up to date. I can ask for training if I think I need it" and "I do have the skills to do this work. The training is very good". Staff were encouraged to complete national qualifications in social care.

Staff felt well supported through supervisions. One member of staff told us, "Yes I am well supported. Supervisions are actually quite useful. I asked for help with care plans and I was helped". Records showed staff had regular supervisions and were encouraged to identify areas for development. For example, one member of staff had been encouraged to complete their level three qualification is social and health care and consider whether they wanted to work towards being a senior care assistant.

People were complimentary about the food. People's comments included: "If you ask for anything they'll mostly get it"; "Food is good and the kitchen is very flexible"; "I don't have to eat anything I don't like, they'll always cook what alternative I ask for" and "Sometimes it is absolutely superb". Relatives were equally positive about the food. One relative told us, "The food is excellent. We were invited to a cream tea at Easter. It was lovely".

Where people had specific dietary needs these were identified in people's care plans. We saw people received food and drink to meet their needs. The chef was knowledgeable about people's individual needs. Information relating to people's specific needs were available to kitchen staff. This included information relating to allergies and special dietary requirements.

People were supported to access health professionals appropriately. This included referring people to Care Home Support Service and Speech and language therapy. The service supported people to attend hospital appointments. The G.P. visited the home weekly to review people's health conditions. The unit manager prepared a list of people whose condition indicated they needed to be reviewed by the G.P.

Outstanding ☆

Is the service caring?

Our findings

The service remained outstanding.

People were complimentary about the caring nature of staff. One person told us, "They work very hard these girls but they always keep cheerful". People told us they developed caring relationships with staff and became very attached to the care workers. Without exception relatives praised the caring nature of staff and their ability to build meaningful relationships with people. Comments included: "They care brilliantly, adapting the care to her needs"; "The staff are wonderful, very patient with (person)"; "They are very patient, they go the extra mile. (Person) definitely has a good quality of life"; "Everyone is excellent; the cleaners, gardener. Everyone goes the extra mile"; "The whole atmosphere is positive and caring. All the staff are wonderful with (person)" and "(Person) is getting the best possible care here".

Staff had a caring approach to their role. One member of staff told us, "They (staff) are all loving and would do anything for a resident".

Health professionals praised the quality of care people received at the service. One heath professional commented. "The care is excellent. I wouldn't hesitate to send my own family there". Another health professional told us, "Absolutely everyone here wants the best outcome for the person".

We saw many kind and compassionate interactions between people and staff. Staff took time to speak with people and it was clear they had developed meaningful relationships with people. Relationships were built on mutual respect and trust. For example, one person had a birthday approaching. A member of staff chatted with the person about how they were planning to celebrate and talked about their own family member who shared the same birthday. It was clear the member of staff knew the person well and that the person enjoyed hearing about the member of staff's plans to celebrate. The interaction was warm with both the person and member of staff laughing and joking about past shared experiences.

Staff were always prepared to go the extra mile to ensure people were cared for. For example, one person had been unwell the day before the inspection. A member of the ancillary staff had stayed on after the end of their working day to sit with the person and reassure them until a family member arrived. We heard many staff members asking how the person was, showing genuine care and concern.

The service continued to involve people and staff in the 'Ladder to the Moon' initiative. The purpose of the scheme was to promote an inclusive culture that ensured everyone felt part of the service and were valued and respected. The scheme is recognised as a good practice scheme that involves people, staff and the wider community in developing care that is person-centred and values each person as an individual. We saw photographs of social events which included people, their relatives, people from the local community and staff. It was clear the events were being enjoyed by everyone. Staff spoke enthusiastically about their involvement in events and the 'family feel' in the service.

People were involved in every aspect of their care. Throughout the inspection we heard staff giving people

choices and taking time to ensure people understood the choices available. If people changed their mind, staff were encouraging and supportive and ensured people were supported in line with their wishes. Staff stopped at every opportunity to speak with people and ensure they were comfortable.

People's rights were protected and staff understood the importance of treating people as individuals. For example, one person's care plan identified the importance of a person's appearance to them. The care plan guided staff to support the person to choose what they wanted to wear, apply their own make up and visit the hairdressers. We saw this person had their make up on and was smart in their appearance.

People were supported to remain in the home at the end of their life. The service ensured people and their families were supported with kindness and compassion. Feedback from one relative showed the impact the staff approach had on both the person and their relative. The correspondence thanked the staff for their prompt action to get the person out of hospital and back to "family at Rush Court". The relative stated, "The love and devotion from everyone was amazing. Nothing was ever too much trouble". We also saw a letter thanking a member of staff for offering to transport a deceased person's possessions to reduce the distress for the relative.

One person told us they had returned from hospital "To die". Staff had rearranged their furniture so they were able to look out of their window from the bed. This was due to staff knowing how much the person enjoyed the view from their window. The person told us that due to the good care they had received they had recovered. Their room had been returned to the original arrangement to enable them to sit in their chair and look out of the window. The person told us, "They are very, very good to me".

Another person who was receiving palliative care was supported to continue to enjoy the garden. A visiting health professional told us, "(Person) is passionate about going out into the garden. Staff have made every effort to encourage and support (person) to carry on doing it".

The service was supported by a palliative care nurse from a local hospice. The nurse told us staff were very attentive and ensured people's pain was managed effectively at the end of their life. This ensured people experienced a dignified and pain free death.

Staff supported relatives to understand what might happen at the end of a person's life to reassure and prepare them. One relative told us, "I wasn't aware of what happens at end of life. I've spoken to (staff member) now so I understand more".

The service was working towards accreditation of the Gold Standards Framework (GSF). This is a framework that guides staff to provide the best quality care for people at the end of their life. The registered manager had developed a Care of the Dying person pathway which had received positive feedback from the GSF assessor.

Outstanding ☆

Is the service responsive?

Our findings

The service remained outstanding.

People were extremely positive about the care they received and the changes made by the service when their needs changed. One person told us they had originally been in a room at the end of a corridor and was starting to feel isolated. Staff had become aware of this and the person had been offered a different room with a view over the garden and was clearly extremely happy there. The person described how staff always waved or popped in to say hello when they passed. This had resulted in an improved quality of life for the person.

Relatives felt the responsiveness of the service had resulted in positive outcomes for people. Relatives comments included: "Although (person) has refused help from physio and speech and language therapy the care (person) receives has meant she is getting better and better"; "(Person) didn't want to socialise or come out of their room but the wheelchair is there and they have managed to persuade her to come out".

One person who had recently moved into the service from another service had struggled to settle. The unit manager arranged for staff from the previous service to come and speak with staff about how the person liked to be supported and to work with staff to help the person settle. During the inspection staff spoke about the person at the handover and reflected how much more settled the person was.

The service employed two physiotherapists who supported people to help them improve their independence. One of the physiotherapists told us they reviewed all people when they moved to live in the service and anyone whose condition changed. The physiotherapist told us staff were prompt to refer people to them and would often come for information and advice about people's needs. The physiotherapy sessions were an opportunity to get to know people and the physiotherapists shared information with staff to help them provide a holistic approach to their care. For example, one person who had recently moved into the home was a little low in mood and had been reluctant to come out of their room. The physiotherapist had persuaded the person to go into the garden with them and spent time talking and learning about what the person enjoyed. The physiotherapist told us, "It was brilliant. (Person) was laughing".

People's care plans contained personalised information that recognised people's individuality including past occupations, hobbies and interests. Staff used this information to engage people and show they were valued. For example, one person's care plan stated, "I enjoyed knitting, crochet and embroidery". We saw this person sat in the lounge knitting. The person chatted with the social engagement lead about what they were making and the other items they had made. The social engagement lead told us when the person had moved into the home they had not crochet or knitted for 20 years. With gentle encouragement the person had been persuaded to try crochet and was now knitting and crocheting for most of the day. The person had asked if some of the arts and crafts made by people could be displayed in the entrance of the home and we saw many items on display. The achievements made by this person had clearly had a significant impact on their sense of value and well-being.

There was a wide range of social activities arranged by a team of social engagement staff. Activities were based on people's individual needs. For example, one person's care plan identified the person enjoyed poetry. The person's relative told us what she had seen on one visit to the service, "A special moment; seeing (person) reading poetry in a group in the garden". The relative explained that following a stroke the person had speech difficulties. The relative described how everyone was listening intently to the person, giving encouragement even though they probably couldn't understand what the person was saying. This had been an important achievement in the person's recovery.

During the inspection the social engagement lead supported people with a reminiscence activity. People clearly enjoyed the session. There was an arrangement of old coins which the social engagement lead handed round and people enjoyed remembering the coins and what they could buy with them when they were younger. Staff who came in to the room readily engaged in the activity and there was a lot of laughter and discussion about the experiences of people and staff.

There was an extensive garden that was attractive and well maintained. During the inspection we saw people enjoying the garden both alone and accompanied by relatives or staff. One relative told us, "The grounds are exceptional and (person) really enjoys them".

People enjoyed weekly outings to a variety of places. This included: visits to a local school; a boat trip on the river; a visit to a local Abbey; a local museum and a visit to a craft shop for people to choose the items they needed to make arts and crafts. At the time of the inspection the social engagement lead was arranging an outing to a Crocodile farm at the request of one person.

The service had close links with the local community and people were frequently invited to visit the gardens of people living in the community where they enjoyed afternoon tea. Volunteers from the local community supported the service with fund raising and visited the home twice a week to join people for pre-lunch drinks. Staff ensured people who wished to attend were supported and enabled to socialise and enjoy a drink. For example, one person enjoyed a specific drink that had to be provided in line with the person's care plan. Staff ensured the person's medical condition was not a barrier to the person's well-being and supported the person to enjoy their drink.

Staff were actively encouraged to participate in activities. Staff shared their interests with people. For example, the chef had provided a cake decorating demonstration and staff had engaged people in cake decorating. Another member of staff gave a demonstration of patchwork quilting. There were many photographs of people, relatives and staff enjoying social events together.

The service had a complaints policy and procedure in place. The registered manager ensured all complaints were responded to and resolved to the satisfaction of the complainants. For example, a relative had been concerned about the management of a person's clothing. The registered manager had agreed with the relative to purchase a small laundry basket to ensure the clothing was looked after in a way the person and their relative preferred.

Good

Is the service well-led?

Our findings

The service improved to outstanding.

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.

Without exception people and relatives were complimentary about the management of the service and in particular the registered manager. Comments included: "I give it (the service) ten out of ten. I haven't any complaints"; "My family have complete confidence in the home"; "(Registered manager) gives me all the time I need"; "The home has a really nice warm atmosphere, I get the feeling all the staff get on"; "I have never met anyone (staff) who isn't cheerful"; "(Registered manager) is a very good manager. She is on to any problems straight away": "(Registered manager) was very supportive to get (person) out of hospital. She kept in contact throughout the discharge" and "If anything goes wrong (registered manager) addresses it immediately. I can go to her at any time".

One health professional stated, "Excellent. (Registered manager) is always available, takes responsibility and clearly has the support of her staff".

Staff were equally positive about the management of the service. Staff comments included: "(Registered manager), I really like her, we get on very well. If you need any help she will always help you"; "This is the best job I've ever had for the support I get"; "(Registered manager) is very receptive to my opinion and any requests for equipment" and "There is brilliant teamwork. The manager is very approachable. I can definitely go to her with anything".

Staff told us they felt valued and involved in the development of the service. A nurse told us how they were involved in finding solutions when issues were identified. They said, "I am really listened to. We talked about a medicines issue and the nurses came up with a solution together. [Registered manager] was very supportive." Staff also told us that the registered manager was always available for help and support. One nurse told us they had completed a verification of death training course. They told us the registered manager had been extremely supportive when the nurse had been required to verify a death. The nurse said, "[Registered manager] was so supportive. I called her and she made sure I was OK and whether I needed any extra support. [Registered manager] always likes to be informed of any deaths or falls".

The registered manager promoted a strong person-centred culture that ensured people were at the centre of all the service did. There was a culture that valued people and staff; creating a family feel in the service that respected everyone. Relatives told us they were always welcomed and felt there was a strong caring culture in the service. One relative told us, "100%, they are all amazing. I can walk in at any time and I am welcome". Staff comments included; "I think there is a very holistic approach to care. It's like a big family and the residents feel that too" and "I really like it. It's got a good feel about it".

The registered manager led by example. We saw many warm and compassionate interactions. The registered manager knew people well and took time to speak with people about their families and how they were feeling. We saw the registered manager showed empathy and compassion to people, relatives and staff. For example, one person had been unwell the previous day. This had obviously had an impact on staff who were worried about the person. The registered manager gave staff time to reflect on how they were feeling and spoke with them to reassure and support them.

The provider employed two part time physiotherapists. One of the physiotherapists was responsible for monitoring and analysing all falls experienced by people. The physiotherapist told us, "I evaluate every fall from the accident/incident reports in two ways; I audit the paperwork and make sure the correct procedures have been followed and I audit the actual fall. For example the location and time of the fall". The physiotherapist provided a monthly report for the registered manager which they reviewed together. The report was discussed in clinical meetings to ensure any learning was used to reduce people's risk of falls and to look for any patterns and trends. This ensured any concerns were identified and prompt action taken to manage the risk of falls to people.

There was a range of audits that enabled the registered manager to monitor and improve the quality of the service. Audits included: Infection control; menus; care plans; medicines; night care and pressure ulcers. Where audits had identified areas of improvement there were clear action plans that identified who was responsible for completing the actions and when they should be completed. Repeat audits then ensured that all actions had been completed and that issues had been resolved. For example; a medicines audit had identified that balances of medicines not in a monitored dosage system were not always correct. The registered manager had discussed the issues with the clinical lead and the unit managers to ensure a suitable action was agreed. Action taken was for a balance of each medicine to be recorded after each administration. Following a second audit it was identified that recording the balances had not resolved the issue and balances were still not always correct. A daily audit was introduced. The registered manager was monitoring the daily audit which enabled them to identify when the issues occurred and support staff with additional training and competency assessments. This ensured improvement was made and people received their medicines safely.

There were systems in place that ensured people and their relatives were involved in developing and improving the service. This included quality assurance surveys and regular meetings. Where there were any areas of improvement identified action was taken to address the issues. For example, a quality assurance survey had identified that people were not clear about how to access advocacy services. We saw that the registered manager had sent out letters to people and their relatives with details of the local advocacy services available. This ensured people and relatives were involved in the development of the service.

People and relatives were positive about the meetings held and felt action was taken to improve the service as a result. Comments included; "I wish more people would speak up because it does make a difference" and "Residents and relatives meetings are very good. We can say what we like". One relative told us they had raised concerns about the uneven paths around the garden. This was in the process of being addressed.

Minutes of meetings showed that people were encouraged to make suggestion relating to any activities they would like arranged and were involved in plans for refurbishment of the communal areas of the service.

The registered manager had registered the service with Ladder to the Moon, National Activity Providers Association, Dignity Champion Network and Dementia Friends. The registered manager ensured these memberships were used to enhance the lives of people living at the service. Information from these organisations was used by all staff to promote the inclusive culture that had developed throughout the

home. For example, the registered manager had ensured that there were dignity champions in all staff groups and that there were dignity champions on duty at all times. There were regular meetings of dignity champions where they shared good practice which was then shared throughout the staff team. This had resulted in all staff understanding how to support a person who would leave their room in a state of undress. All staff knew to take action to protect the person's dignity. This included all ancillary staff.

The registered manager had completed a train the trainer course in caring for people living with dementia. The registered manager was delivering training sessions to staff and had developed a workbook to assess staff knowledge following completion of the training. The registered manager was also delivering this training to other services registered with the provider. This enhanced the skills of staff to provide high quality care to people living with dementia. For example, one person was admitted to the home with no verbal communication. Staff had used singing and simple communication as a result of the training and the person was now able to say a few words.