

## Elizabeth Finn Homes Limited

# Rashwood

### Inspection report

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Date of inspection visit:  
22 March 2017  
23 March 2017

Date of publication:  
11 May 2017

### 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

At this inspection we found the service remained Good.

Rashwood provides personal and nursing care for up to 53 older people. There were 49 people who were living at the home on the day of our visit.

People continued to receive safe care as people lived in a safe environment as staff knew how to protect people from harm. Staff made sure risk assessments were in place and took actions to minimise risks. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels reflected the needs of people who lived at the home. People's medicines were administered and managed in a safe way.

The service had improved from requires improvement in effective to a good rating. This was because the service had not always ensured people were restricted lawfully. While we found there had been improvements at the last inspection, we needed to ensure this practice was embedded before the rating could be reviewed. At this inspection we found 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. The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people which was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received. People were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals when they required them.

The service remained caring towards people. People were treated well which had a positive impact on their mental and physical well-being. People told us that staff treated them kindly, with dignity and their privacy was respected. Staff helped people to make choices about their care and their views and decisions they had made about their care were listened and acted upon. People were involved in the planning around their care.

The service remained responsive to people's needs. People were involved in the planning and review of their care and support and family members continued to play an important role. People were supported to continue with their hobbies and interests. Where people had any concerns they were able to make a complaint and this was responded to.

The service remained well-led. The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The checks the registered manager and provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

Further information is in the detailed findings below

## 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 remained good.

### Is the service effective?

Good ●

The service had improved since the last inspection to good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good

# 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 checked 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.

At the last inspection on 9 October 2015 the service was rated as good. This was a comprehensive inspection and took place on 22 and 23 March 2017 and was unannounced. This inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has had experience was services for older people who may have dementia.

We reviewed the provider information return (PIR) that the provider submitted to us. 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and the Clinical Commissioning Group (CCG) about information they held about the provider.

We spoke with eight people and spent time with them in the communal areas of the home. Some of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. We 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. We also spoke with four relatives. We spoke with senior administrator, eight care staff, the activities co-ordinator, one nurse and the registered manager. We also spoke with a visiting external professional. We looked at four people's care and medication records. We also looked at complaints and compliments; incident and accident audits, people and relatives' survey and staff meeting minutes.

## Is the service safe?

### Our findings

All the people we spoke with felt safe living in the home. One person told us "I never have to worry about anything and have always felt safe". All the relatives we spoke with felt their family member were safe living in the home. One relative told us, "I am happy they keep [the person] safe". They told us the person suffered seizures and how the staff were quick to respond when these happened. The relative felt this quick action kept the person safe. All the staff who we spoke with showed a good awareness of how they would protect people from harm. One staff member told us how one person was at risk of choking when eating their meals. They told us and we saw in the person's care record that external healthcare professionals advice had been sought, and a softer diet was introduced, which the person was managing well.

All the people and relatives we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "The staff are always on hand and are very helpful". We saw staff did not hurry people and allowed people to do things at their own pace. Staff were visible within the communal areas and where people were cared for in their rooms. We saw that people's requests for assistance were responded to promptly. Staff we spoke with told us they felt there were enough staff on duty to support people. The registered manager had good knowledge and understanding of people's care needs and where it was recognised that an additional staff member was needed during the afternoon, this was being put into place. The provider had recruitment procedures in place which were robust, that ensured the staff employed by the service were suitable for the role.

People we spoke with did not have any concerns about how their medication was managed. One person said, "I always get my medication at the same time every day". A relative we spoke with told us the staff ensured their family member knew what their medicine was and ensured they had taken their medicine before they left them. We spoke with three staff member who administered medication. They all had a good understanding about the medication they gave people and the possible side effects. They showed a good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way which helped to keep people safe. The provider made checks to ensure people received their medicines as required.

## Is the service effective?

### Our findings

At our last comprehensive inspection we found the provider did not always ensure people's liberty was lawfully restricted. We followed this up and found the provider had made improvements and was meeting the legal requirement. While we found there had been improvements at the last inspection, we needed to ensure this practice was embedded before the rating could be reviewed. We found at this inspection that good practice had been embedded. People we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes and their choices. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. Staff had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make some decisions themselves. Applications had been made to the local authority where it was assessed that there were restrictions on people's liberty these were lawful.

People we spoke with felt staff knew how to look after them well because the staff had the skills needed to care for them in the right way. One person told us, "[Staff] know me well, communication with them is very good". Another person told us "Staff are well equipped to care for my well-being". Relatives we spoke with told us staff were knowledgeable about people's care needs. One relative told us, "The staff are amazing and extraordinarily professional, the senior staff are very helpful, they talk to me and answer any questions I may have". A further relative told us how their family member was registered blind and was hard of hearing, they told us, "The staff all understand [the person] and they know their needs well".

Staff felt the training they had received was useful and appropriate to the people they cared for. One staff member told us how a pain management course helped them to understand one person's pain and said, "We understand now that even moving a sheet over them can be painful. So we ensure they have pain relief, where they can, before any support". A visiting healthcare professional told us, "Staff are very knowledgeable, I do not have to come as often to the home because of this. However they know when they need to seek further advice, they know what they are doing".

All people who we spoke with told us they enjoyed their meals as they were varied, with food they enjoyed eating and were cooked and presented well. We saw people chose to eat where and when they wanted to during meal times and staff ensured people had enough to eat and if they were happy with their meal. We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to

hand or supported people to drink if they needed assistance. Staff understood the importance of ensuring people who were at risk of not drinking enough fluids were supported to do so to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed and appointments with health professionals were arranged in a timely manner when they requested these. All relatives we spoke with told us staff, in-line with the person's consent, informed them if their family member had become unwell and needed the doctor or hospital treatment.



## Is the service caring?

### Our findings

All the people we spoke with told us staff were very kind and caring towards them. We spoke with one person who told us that, "Staff always go the extra mile. It's because of the companionship they offer, it's had a positive impact on my mental well-being". They told us that the home and gardens were well looked after and to them that showed the staff cared about the people and the environment they lived in. They said, "The grounds are beautiful and it makes me feel happy". They told us how before moving into the home they had suffered with depression, and said, "It's due to the staff that I feel alive again, like it's all worth it. I want to be here, it's not because I have to be here". All relatives spoke very highly of the staff who provided care for their family members. One relative told us "The carers are always appear happy, always available and they often pop in and check on my relative and me. I think they are very caring".

People said staff supported them to make their own decisions about their care and support and we could see this had been written into people's care records. People told us they felt involved and their wishes were listened to and respected. For example, people told us they got up in the morning when they wished and could have breakfast in their room and staff always respected this. A further person told us how staff always knocked their bedroom door and waited for a reply before they entered their room. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people's clothes were clean and assisted people to change if needed. People told us and we saw that staff had taken the time to put people's jewellery and perfume on. Relatives and staff were aware of who was able to make decisions about people's care, where the person was not able. We spoke with relatives who had the legal right to make decisions on people's behalf, they told us they were listened and responded to with good outcomes for the person they were advocates for.

Throughout the inspection we saw staff were kind and caring towards people they supported. Staff interacted with people in a relaxed way, which encouraged further conversations. Where people were nursed in bed staff knew who needed support and assistance and when they needed this. People told us they were treated with dignity and respect. All relatives we spoke with felt that their family members were treated well and with dignity and respect. One relative we spoke with told us how they felt happy that their family member was being looked after in a caring environment and this provided them with reassurance. They told us, "This is a fantastic place. We visit twice per week. The treatment [the person] receives is second to none in my opinion".

We read some of the many compliments from people living in the home and from relatives whose family members had passed away. These compliments demonstrated the support and care people had received. For example, one person who lived at the home had written, 'I have found heaven. I have not felt this happy for a long time'. One relative had written, "Thank you, from [the registered managers name] personal visit to the hospice to get to know [the person] as an individual before they arrived, to the their own bird feeder so they could enjoy seeing the birds, truly hospice level care on every level, physical and mental care were wonderful".

## Is the service responsive?

### Our findings

People told us they were involved in the development and review of their care from the beginning of their stay at the home. All people and relatives we spoke with told us they had met the registered manager at the initial assessment to discuss their care needs and preferences. A nurse showed us the system that was in place to ensure people's care was reviewed on a monthly basis or when their needs changed. We looked at one care plan which showed how staff managed and monitored one person's mental health care needs. Staff explained to how they continually re-assessed the person's mental health and sought information and guidance from external healthcare professionals for next steps. As a result of the re-assessment further support had been put into place to ensure the person was receiving the correct care and support.

Staff told us they worked together and had good communication on all levels. All staff we spoke with and we found that they had detailed handover of information. Staff felt that due to the good levels of communication that were in place, team meetings and on-going communication, people received responsive care in a timely way.

People told us that staff recognised their diverse needs and enabled them to continue to enjoy the things they liked. All of the people we spoke with told us they had the opportunity to go out or stay in the home dependant on what they wanted to do. One person told us, "I do go out with the carers when we have activities, I go shopping for clothes, my favourite outings are the pub lunches we go on and we have been to the butterfly farm which was great". A further person told us, "I always go to the activities that we have most afternoons and I always find it very enjoyable. They send us a printout of the activities, trips, events that are happening that month".

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. One person we spoke with told us, "I spoke with [registered manager's name] when I had a problem and she resolved it straight away". The person felt confident that any further concerns would be resolved. Another person said, "I had a couple of issues with equipment in my room and they sorted it out that very day." We looked at the provider's complaints over the last twelve months and saw that the provider had received complaints. These complaints had been investigated in-line with the provider's policy and procedures and where possible a resolution was found.

## Is the service well-led?

### Our findings

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 we spoke with knew who the registered manager was. People told us they found the registered manager to be approachable and said they would ask how they were and if everything was going well. People told us and we saw they had regular meetings with senior management. One person told us, "We discuss things like food and events going on in the home. They listen to us, and they do change things". Relatives meetings were held on an individual basis and relatives we spoke with felt that this provided them with good opportunities to raise any comments or suggestions. Throughout our inspection we saw relatives and people visit the registered manager. The registered manager told us they always had their door open so people could come in to talk with them.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach a senior member of staff. One staff member said, "It is a lovely home to work in. The nurses and care staff all work together". Another staff member told us, "We have ad-hoc team meetings to keep us all in the loop".

The registered manager and provider looked at areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, the registered manager had reviewed incidents and accidents for individual people and ensured that where necessary action was being taken by staff to meet the person's needs. We saw minutes of providers meetings where the registered manager attended, these meetings were used to share their learning of new care practices and sharing identified risks that should be considered.