

Elizabeth Finn Homes Limited

Rashwood

Inspection report

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Date of inspection visit:
11 November 2019
12 November 2019

Date of publication:
19 December 2019

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

Rashwood is a residential care home providing personal and nursing care to up to 53 older people who may also live with physical disabilities. At the time of the inspection there were 45 people living at the home.

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

People and relatives highlighted how considerate staff were when care was provided. Staff spoke warmly about the people they cared for and encouraged people to make their own decisions about the care they wanted. People were treated with dignity and were spoken to respectfully by staff who promoted people's right to privacy and independence.

People's needs were assessed before they moved to Rashwood and care was provided based on their preferences. This helped people to feel at home quickly after moving in. Staff had been provided with training and developed skills which reflected the needs of the people they cared for. People enjoyed their mealtime experiences, which were based on their choice, and people were provided with enough to eat and drink so they would remain well. Staff supported people to see other health and social care professional promptly when they wanted assistance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were consulted when care was planned and adjusted as their needs and preferences changed. People encouraged to decide the specific care they wanted and enjoyed the activities provided. Systems were in place to take learning from any concerns or complaints and people were confident staff would address these. Staff felt supported to provide good care at the end of people's lives.

People and relatives told us the way the home was managed led to good care, which was provided by a consistent group of motivated staff. The provider, registered manager and senior staff checked the quality of care provided, so they could be assured people received care which was safe and based on people's preferences and needs. Staff were encouraged to reflect on their practice and to work across teams so improvements in people's care would continue to be driven forward.

People's safety needs were considered when their care was planned and care was provided in ways which helped to reduce people's risks. Staff understood what action to take if they had any concerns for people's safety and were confident senior staff would put plans in place to protect people, should this be required. People did not have to wait for assistance and staff were positive about the number of staff to care for people. Systems were in place to support people to have their medicines as prescribed, from staff who had been trained to do this. Staff used their skills and equipment provided to reduce the likelihood of people experiencing infections.

Rating at last inspection

The last rating for this service was Good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rashwood

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

This inspection was undertaken by one inspector, a specialist advisor in nursing care 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

Service and service type

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

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

The first day of the inspection was unannounced. We announced our intention to return to complete the inspection on the second day.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We spoke with 12 people who lived at the home and nine relatives about their experience of the care provided. We spoke with 14 staff members including the registered manager, the deputy manager, four senior staff, five care staff, two catering staff members, and a member of the domestic staff. In addition, we spoke with a visiting health and social care professional who regularly visited the home.

We reviewed a range of records. This included seven people's care records and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and checks undertaken by the registered manager on the safety and quality of care, such as surveys completed by people and their relatives. We also saw systems used to manage complaints and concerns and any accidents and incidents which may occur. In addition, we reviewed the compliments which had been received by staff, records of interesting things people liked to do and copies of newsletters.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives had been advised how to raise any concerns they may have about safety.
- Staff knew how to recognise any concerns for people's safety and knew what action to take to support people's welfare, such as in the event of unexplained bruising.
- Staff were confident the registered manager and senior staff would take action to support people, should any concerns be identified. Staff also knew which other organisations they could contact if this was needed to be done to keep people safe.

Assessing risk, safety monitoring and management

- People told us staff understood their individual safety needs and supported them to reduce the risk of harm or injury.
- Staff knew people's individual risks and how to promote people's safety. For example, staff explained some people were at increased risk of falls, or from choking when eating, and described how they assisted people, so their risks were reduced.
- People's risk assessments provided staff with the information they needed to help people remain safe and well.
- Equipment was in place to support people and their safety was regularly monitored by staff.
- Staff regularly communicated about people's safety needs and checked they had the support they wanted to stay as safe as possible as people's needs changed. This included in relation to their skin and bowel health and falls management.

Staffing and recruitment

- People told us they did not have to wait if they wanted assistance from staff.
- Staff gave us examples of occasions when staffing had been increased, so people would have additional support at key stages in their care, such as at the end of their lives.
- Staff told us there were enough staff to care for people and to spend time chatting with them, so people did not become isolated. One staff member told us, "Staffing levels are brilliant here."
- The registered manager checked the suitability of staff before they employed them.

Using medicines safely

- People told us if they needed additional medicines staff supported them to have these safely.
- The provider was following safe protocols for the receipt, administration and disposal of medicines.
- Staff had not consistently re-set the temperatures where people's medicines were stored in November 2019. We also found an instance where one person's skin cream was passed its use by date. Whilst there

was no evidence or harm to people, this increased the risk people's medicines would not work effectively. The registered manager gave us assurances this would be immediately addressed.

- The registered manager and senior staff regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- People and their relatives were complimentary about the cleanliness at the home.
- Staff had received training to reduce the likelihood of people acquiring infections and used their knowledge when supporting people. For example, staff ensured they used the correct personal protective equipment, such as gloves and aprons, when this was required.
- Housekeeping staff were supported to promote good infection control through the resources they needed to ensure the cleanliness at the home met people's needs.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required. This included if people had increased falls or if people became more likely to experience poor skin health.

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 Good. At this inspection this key question has remained the same. 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

- People's needs were considered before they moved to the home, so staff could be assured they would be able to provide the care people wanted.
- People told us they were involved in assessing their needs and given the information they needed to make the decision to move into the home. One person told us staff had arranged for them to experience staying at the home for a short time, so they could be sure their needs would be met. The person told us this had reassured them their needs would be met.
- Relatives told us their views were taken into account when their family members needs were assessed.
- Staff told us their views were considered when people's care needs were assessed. Care staff told us senior staff undertook additional checks shortly after people moved to home, to check they were settling in well, and had the care they wanted.
- Staff gave us examples of support they received so they could support people well. This included best practice guidance, so people would be supported to enjoy good oral health.
- People were encouraged to meet senior staff, and to come for lunch or tea, so they could find out about the care available, and staff could start to understand people's needs.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them. One person said, "The carers [staff] know what they are doing because they are trained and have good leadership."
- New staff were supported to understand their roles through an induction programme, which included working alongside more experienced staff. One staff member explained this had helped them to find out about the people they would be caring for and made them feel supported in their new role.
- Staff were positive about the opportunities they had to develop their knowledge and skills further.

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

- People said they enjoyed their meals which were reflected their choices. One person said, "We have regular consultation about the menus." People's requests for drinks were promptly supported and people enjoyed access to a bar serving a range of drinks.
- People told us staff supported them with their dietary requirements. One person said, "I am diabetic, and the chef knows to be careful [when preparing meals]." Other people told us staff always ensured their food was prepared to the consistency they needed, so they would remain well.
- Staff supported people who needed specific support to have the correct food and fluids and to remain safe when eating and drinking.

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

- People were positive about the way their health needs were met and told us staff took immediate action to support them to see other health and social care professionals, such as GPs. One person said staff assisted them to maintain their health as, "They [staff] have continued my specialist checks I have at the hospital."
- A visiting health and social care professional told us staff got in touch with them promptly when people needed extra assistance and ensured advice they provided was followed. The visiting health and social care professional said people who had initially been quite ill when they moved to the home, "Are so well looked after. [Because] staff are so attentive, they rally well".

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

- People could choose to spend their time privately, or in quieter or more social areas, such as lounges, the conservatory, the library, gardens or bar, as they preferred.
- One staff member told us how areas of the home were changed to suit people living there. The staff member said, "We have a focused meeting all nurses and hotel services and maintenance." The staff member explained these meetings focused on tailoring people's rooms to meet their needs. The staff member advised us, "We ask about them [people] about bringing in their own furniture photos and favourite quilt covers."

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.

- Staff had received training in the MCA. On senior staff member told us they were planning to undertake additional reflective practice with colleagues to further develop their understanding of the MCA.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation correctly obtained

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 Good. At this inspection this key question has remained the same. 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 told us staff were exceptionally caring and took time to find out about what was important to them. People gave us examples showing how staff used this knowledge to enhance people's well-being, and to show them they were valued. For example, one person told us how much they enjoyed talking with staff about their sporting interest.
- Relatives said staff were considerate and caring to their family members and told us strong bonds had developed between their family members and the staff supporting them. Relatives told us staff's caring approach extended to them, too. One relative said, "They [staff] are smiling and welcoming, all the time."
- Staff understood if people liked a gentle word or physical reassurance and took time to support people in the way they preferred.
- Staff spoke warmly about the people they cared for. One staff member explained how they had recently supported one person, so they would know the things they had done in their life was appreciated. The staff member said, "It's a real privilege to do this."
- The visiting health and social care professional told us, "[Staff] are very caring, and people are happy living here."

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

- People decided what care they wanted and told us their views were listened to. This included being involved in planning how and where they wanted to spend their time, what time they wanted to get up and retire, and how they wanted their care to be provided.
- People told us they were involved in deciding which staff they wanted to care for them and were consulted on other issues affecting their care. One person said, "We have a regular consultation about the menus."
- Where people wished, their relatives were consulted and asked for their views on the care planned with their family members, during reviews of their care and through relative's meetings.
- Staff gave us examples showing how they varied how they supported people to make their own choices where possible. One staff member said, "You have to work at their pace." and explained how they checked people's physical reactions to options offered, so they could be assured people were expressing what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect when talking with them, and sensitively met their dignity and privacy needs. One person told us, "They [staff] are very respectful, they always knock on the door before entering".

- Staff understood people's right to independence. This included people's right to manage their own medicines, with support to do this safely, and to manage their own personal care, where people were able to do this.
- Staff had received compliments regarding the improvements in people's independence. One compliment received from a relative acknowledged staff had helped their family member to gain their confidence and independence.
- People were confident to let staff know if they had specific instruction concerning their personal information storage. We found people's information was securely stored.

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 Good. At this inspection this key question has remained the same. 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's care plans reflected their personal histories, risks and care preferences.
- People told us staff followed their care plans, but also worked flexibly to meet their changing preferences. For example, staff altered the assistance they gave to people to move around the home, as they wanted.
- People said staff always provided the care they wanted. One person said, "They are very helpful whenever I need help."
- Staff worked with people, their relatives and other health and social care professionals, to put plans in place to help people to enjoy the best outcomes when people's care was planned. One relative said their family member's needs had increased. The relative told us, "Their response to [this] was excellent."
- Staff told us people's care plans and risk assessments provided them with the information they needed to support people. This included if people required additional support to retain as much independence as possible because of their sensory needs.

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.

- People were encouraged to let staff know how they liked to communicate. People's communication support needs were assessed and plans put in place to support people so their needs would be met.
- Staff understood people's communication preferences and gave us examples showing how they tailored the way they interacted with people so their communication choices would be supported. For example, staff knew one person liked to communicate both verbally and by using written notes.
- The registered manager advised us they kept people's communication needs under review and planned to further develop people's access to information in other formats, such as large font, as people's needs changed.

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 said Rashwood was a sociable place to live, but staff also understood there were times when they liked to spend their time privately, such as when their relatives and friends visited. One relative said, "When it was [person's name] birthday we asked for a family room, and staff obliged."
- People told us they enjoyed the regular activities available in the home. These included opportunities to spend time chatting with other people and staff and crafting, enjoying a drink at the bar, and taking part in

regular musical events.

- Staff carefully considered people's unique needs when planning interesting things for them to do. This helped to ensure people with physical and sensory needs felt fully included in life at the home. Staff also organised events which met people's spiritual needs and ensured people who wanted one to one time with staff had this provided.
- Additional support was available for relatives to maintain their relationships with their family members. This included a room for relatives to use if their family member was ill, or if relatives had significant distances to travel to see their family members.

Improving care quality in response to complaints or concerns

- People and relatives were confident any complaints or concerns they may have would be addressed.
- Systems were in place to manage to any complaints or concerns and to take learning from these.

End of life care and support

- Care plans were in place which reflected people's care support decisions at this key stage in their care. Relative's views were sought on the care to be provided, where people wanted this support.
- Staff told us they had been supported and prepared to provide good care to people at the end of people's lives. One staff member said senior staff's approach meant, "End of life it's very good here they have two staff to sit with them until they've passed." Another staff member explained staff who were not working shifts at the time of people's funerals often still attended these, because they had grown close to the people they cared for, and wanted to pay their respects.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very positive about the way the home was run, and the way staff were led to focus on their care. One person said because of this, "This is the best place ever. I wouldn't want to go elsewhere". Another person told us, "I can't fault them [management team]."
- A relative said they were impressed with the management of the home because the care for their family member was very good and everyone looked happy and at home. Another relative told us about the way their family member's care was organised and said, "The care here is extraordinary. I can't praise it enough."
- People and relatives highlighted there was good communication and access to all the staff teams, which encouraged them to make suggestions for developing the care and support provided further. One person told us they had discussed their interests with staff. The management team had supported staff to plan specific activities to meet the person's interests. The person said how much they were looking forward to their planned trip to a local football club.
- Staff told us they enjoyed working at Rashwood and recognised the management team's commitment to support them to provide good care. One staff member told us, "[Registered manager's name] wants people to have a safe environment and the best care from pleasant happy staff. She is getting this right."
- Other staff highlighted there was an emphasis on working together to provide good care and emphasised the management teams approach to supporting them meant people were able to enjoy the benefits of consistent care. One staff member said, "I've been here 10 years I love the atmosphere and making a difference to residents."
- The registered manager told us they were proud of the systems which had been introduced to support people and staff. These included empowering people to be involved in recruitment process, and staff's increasing confidence as a result of new care planning processes introduced. The registered manager had also arranged the provision of specialist assistance to staff so they, too, would enjoy a good quality of life and continue to provide compassionate care to people. The registered manager said, "We do worry about our staff and residents and try and do the best for them."

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

- People and relatives told us they were involved in decisions about the way the home was run, with their views were gathered through surveys, residents' and relatives' meetings and one to one discussion with staff. One person said, "The staff will listen if you have anything to say."
- Relatives were kept in touch with planned events through "The Grapevine" home newsletter and were

encouraged to take part in life at the home.

- Staff gave us examples of suggestion which had been introduced as a result of reflective discussions across staff teams. This had seen the successful introduction of dedicated one to one activities for people who chose to spend their time in their rooms.
- Staff were also able to engage with the registered manager and senior staff directly at any time. In addition, a staff suggestion box had been introduced. The registered manager told us they planned to operate a mobile suggestion box for people to contribute their suggestions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood what information needed to be notified to CQC and their responsibilities to be open in the event of something going wrong with people's care.
- The provider supported the registered manager to ensure people received a good quality of care and risks were managed appropriately. The provider regularly undertook visits to the home and in conjunction with senior staff monitored the safety and performance of the service. The registered manager regularly communicated with the provider's other registered managers to share best practice.
- Staff knew how they were expected to care for people through regular group and one to one meetings with senior staff. Staff told us senior staff were visible in the home, and provided support, advice and assistance. One senior staff member said, "We have targeted supervisions, which looks at certain questions, such as changes in [care planning] induction, and infection." The senior staff member explained this helped the management team to understand staff's current knowledge, and to inform future development.

Continuous learning and improving care; Working in partnership with others

- The registered manager, senior staff and provider checked the quality of the care and people's experience of the care given. This included checks on the safety and comfort of the environment at the home and to ensure people's medicines were administered as prescribed. In addition, any accidents and incidents were monitored, so possible trends could be identified.
- Staff told us they were encouraged to work together across teams and to consider any possible improvements which could be made. Two staff members also told us as a result of this approach to continuous improvement, plans to introduce some gender specific activities, to reflect people's lifestyles and choices.
- An external health and social care professional told us partnership working was well organised, and this helped to ensure people had the support they wanted at the times they needed.
- Action plans were put in place, where opportunities to develop the care further were identified, and these were progressed.
- The registered manager and staff gave us examples of work they did with other health and social care professionals and the local community, and charities, so people and staff would continue to enjoy the best well-being possible, and for people have enhanced opportunities to do things they enjoyed. This included working with local schools and to work with clubs so people would be able to continue to do things they enjoyed and maintain relationships which were important to them in a supported way.