Elizabeth Finn Homes Limited

Rashwood

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection was carried out over two days on 18 and 19 November 2014.

Rashwood is a care home that provides accommodation and nursing or personal care for up to 53 people. The home is divided into three areas, two for people with nursing care needs and one for people with residential care needs. At the time of our inspection 51 people lived at the home.

There was a registered manager in post at the time of our inspection. 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.

The Care Quality Commission are required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The provider had not followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). It was identified that some people would not be able to leave the home without

Summary of findings

close supervision but applications had not been made to the local authority for this to be assessed. This meant that some people were potentially unlawfully having their movements restricted.

All the people we spoke with told us they were happy at the home and felt safe. They said staff were kind and helped them to maintain their interests. People's relatives told us that the staff were kind, considerate and caring. We saw people chatted happily with staff about their day and how they felt. People told us that there was always enough staff on duty to care for them and help them safely take their medicines. Our observations during the inspection supported this.

We saw there were systems and processes in place to help protect people from the risk of harm. The staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about someone's safety or welfare. They told us they would be confident reporting any concerns to a senior person in the home.

Staff knew about people's care needs. They were provided with the skills and knowledge to care for people safely. Nurses told us they received training specific to their role so they had the skills needed to carry out their clinical duties effectively.

People were supported by staff to keep healthy and well which included helping people to maintain a healthy diet. Where staff had concerns about a person's nutrition, they involved appropriate professionals to provide guidance.

The registered manager was open to managing people's comments and complaints and people were confident these would be responded to.

The management team were approachable and asked the views of people who lived at the home and relatives in order to improve.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe?
The service was safe.

Staff understood how to keep people safe and knew how to alert the relevant people if people were at risk of abuse.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

There were systems in place to make sure staffing levels were maintained at a safe level.

People were protected against the risks associated with medicines.

Good

Is the service effective?
The service was not effective.

Improvements were needed to ensure that the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were consistently applied. People were potentially being deprived of their freedom without permission.

Staff had received the training and the support they needed to carry out their roles effectively.

People had support to have enough choice of suitable food and drink when required and staff understood people's nutritional needs.

Staff worked well with other health and social care professionals to meet people's specific health needs.

Requires Improvement

Is the service caring?
The service was caring

People and their relatives told us their views were listened to and taken into consideration with their care planning.

People and their relatives told us that staff were kind and caring.

Staff understood how to provide care in a dignified manner and respected people's right to make their own decisions where possible.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Opportunities were provided for people to take part in a range of hobbies and interest in the home in line with their individual preferences.

Good

Summary of findings

People knew how to make a complaint. People were listened to by the registered manager who acted on their views and opinions.

Is the service well-led?

Good

The service was well led.

People told us that there was an open and inclusive culture at the home that reflected the provider's vision and values.

People, relatives and staff were all complimentary of the registered manager and told us the home was well managed.

The registered manager monitored the running of the home, gained people's and their relatives' views and used these to drive through improvements.

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 was 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 18 and 19 November 2014 and was unannounced. It was carried out by an inspection team that consisted of two inspectors. On the first day of this inspection we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. Both inspectors returned to the home the next day to examine records related to the running of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We had received information about concerns from people involved with the service. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 11 people who lived at the home, three relatives, the clinical manager, two nurses, two senior care staff, two care staff, the chef, a member of staff from the housekeeping team and the registered manager. We also spoke with a visiting doctor and a community psychiatric nurse. We observed care and support in communal areas, spoke with people in private and looked at the care records for six people. We looked at the medicine management processes and at records maintained in the home about staffing and training. We also looked at records that related to how the home was managed.

Following the inspection we spoke with four relatives.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and they had no concerns about the way they were treated and the care they received. One person told us, "I feel completely safe and not discriminated against." Another person said they had, "Complete trust in them all [staff], never rough or cross." One relative told us, "Very happy with Rashwood, we very much feel that it is safe for [my relative]." We observed staff chatting with people who lived at the home. We saw that staff acted in a kind and considerate way and people were comfortable with them.

All staff were able to explain to us their understanding of abuse, and what the reporting procedures were, involving external agencies if they felt it was necessary. Records showed that staff followed these procedures when they raised a safeguarding concern and then acted on advice given by the local authority. One member of staff commented, "I wouldn't hesitate to whistle blow." This meant people were supported by staff who would not tolerate poor or abusive practice.

Risks to people had been assessed and identified. These included risks associated with people evacuating the premises in an emergency, people's individual mobility needs and eating and drinking. We observed staff supported people to walk and move safely where required which matched the care plans we looked at, including the use of equipment such as walking frames and wheel chairs. One person told us, "I had a fall one night, hardly rang the bell and they [staff] were here to help." Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the registered manager. Staff we spoke with knew how to support and protect people where risks had been identified.

People and relatives we spoke with said that they felt there were enough staff available to meet their needs. One person said, "I feel staff know my needs and wants, they keep up to date with my needs." We saw the registered manager had systems in place to ensure there were sufficient staff available to provide people with the support they needed. They told us staffing numbers were determined by the needs and dependency levels of the people who lived at the home. We saw that on each shift there were registered nurses and care staff to respond to people needs. We observed staff spent time with people supporting them to engage in social events both within and away from the home. This showed there were sufficient staff on duty to support people to participate in their personal interests.

We saw and staff told us they only commenced working in the home after comprehensive checks had been completed. All new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These recruitment checks helped the provider to ensure that staff were suitable to work with people who lived at the home so that people were not placed at risk.

We looked at the arrangements in place to manage people's medicines. People we spoke with told us they had their medicines on time, when they required them and they knew what the medicine was. They confirmed that they had consented to staff administering their medicines. One person told us, "I have tablets every day; the nurse always asks me if I need anything for pain." We observed a member of staff preparing and administering medicines for one person. This was done safely and with consent and information was given to the person receiving the medicines. Each person had a medicine administration record which included a photograph. This was one of the safety measures in place to help reduce the risk of errors. We looked at the medicine records for four people. These indicated people had received their medicines as prescribed.

The clinical manager told us that all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. Records confirmed that staff who administered medicines had been assessed as competent to undertake this activity. We saw that medicines were checked regularly to ensure any errors could be identified and reduced. This meant that there were arrangements in place to help make sure people received their medicines safely.

Requires Improvement

Is the service effective?

Our findings

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults in care homes by ensuring that restrictions on people's freedom and liberty and can only be used with the authorisation of the supervisor body following an assessment by an external professional. The PIR completed by the provider told us that no one who lived at the home had their rights, freedom, and choice restricted in any way.

During our inspection the registered manager and the clinical manager confirmed to us that no one living at the home was subject to a DoLS safeguard, to protect their freedom and liberty. We saw in one person's care records the providers own documentation had highlighted that a DoLS needed to be considered. This had not been followed through as no application had been made to the supervisory body responsible for authorising this. The registered manager had undertaken training in the Mental Capacity Act 2005 (MCA) and DoLS so that she understood her role and responsibilities in these areas. However, the registered manager had not identified people who could be potentially restricted of their freedoms and liberties who did not have the mental capacity to agree for their own safety. The registered manager did not recognise it was their responsibility to make the DoLS applications and they were waiting for the community mental health team to lead on this. We discussed with the registered manager that there was a need for them to fulfil their responsibility and they told us they would take immediate action by making the relevant applications. The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their freedoms and liberties. This was a breach in regulation 11 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff understood what their responsibilities were under the Mental Capacity Act 2005. Staff knew that decisions should be made for people in their best interests if the person could not make decisions for themselves. They told us how the appropriate people had been involved in making the specific decision so that people's needs were met in the right way for them. Throughout the day we also saw staff obtained people's everyday consent before providing them with support by asking for permission and waiting for a response, before they assisted people.

People we spoke with all said that the staff were excellent and very caring and were aware of their needs. One person said, "They know all our needs." Another person told us, "High quality nursing, ten out of ten." Staff were aware of the needs of people.

When staff started work at the home they went through an induction process. A member of staff told us that new staff worked alongside more experienced staff, training and learning about the provider's procedures. Staff said they had received training that helped them to meet the specific needs of people they provided care and support to. This included safeguarding people from abuse, moving and handling, end of life care and fire safety. We looked at training records which confirmed this. Staff told us they felt supported and listened to, and would be able to raise any training needs at staff meetings as well as at one to one meetings. This meant people were cared for by suitably skilled and experienced staff who were supported in their own personal development.

People we spoke with told us they thought the meals provided in the home were very good quality and there were a selection of meals to choose from. One person said, "I am happy with the food, it is excellent, there is lots of choice or you can just ask for cheese on toast instead and that's okay."

We saw that staff supported people to eat and drink sufficient amounts. People had a choice about the food they ate People also had access to snacks, fruit and drinks outside of the set mealtimes. The chef was aware of people's food requirements and any special dietary requirements. This information was also recorded in people's care plans which were kept under review. We saw that drinks were available and within reach of people being cared for in bed. Where people had been assessed as being at risk of malnutrition we saw they had been referred to other health care professionals. These practices enabled people to receive the care and treatment they needed so that their nutritional needs were met effectively.

People who spoke with us told us that they received the support they required to see their doctor. One person said, "I would just ask if I needed a doctor". Another person told

Requires Improvement

Is the service effective?

us, "Just need to ask and they [staff] will sort it". Relatives we spoke with said that if their family member required a doctor, then the staff would ensure that this was arranged quickly. We spoke with one doctor and they were happy with the care people received from staff to meet people's health needs. One person was unwell and we saw staff were attentive to this person's needs and they encouraged them to rest to aid their recovery. The care and support this person received matched their plan of care. This showed that an individual approach was taken so that people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

People told us they found staff caring. One person said, “All staff, without exception, are very caring.” Another person told us staff were, “Willing to listen, joke and laugh with me.” A further person said, “Rashwood equals heaven.” One relative told us, “Exceptionally well looked after, front line carers are outstanding, I couldn’t rate them high enough.” Another relative said, “The staff know [my relative] well; I feel he is much loved.”

We spent time observing the care and support people received. The atmosphere at the home was caring and relaxed. We saw on-going friendly conversations between people and staff. We heard staff speaking with people in a caring manner and giving people time to make choices and time to respond.

We saw people were treated with respect and in a caring and kind way. The staff we observed were friendly, patient and supported people with dignity, encouraging independence where possible. For example, we saw that where people were able to use equipment and aids without any help and support from staff, this was promoted. We also observed positive interactions and saw that these supported people’s wellbeing. We saw a member of staff supporting two people to play chess. During this we saw staff and people talking together, smiling, and laughing, enjoying each other’s company.

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. However, links had been established with the local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's privacy and dignity were respected. One person told us, “They [staff] always knock my door.” We saw that staff knocked on people's bedroom doors and waited for a response before entering. One person told us they liked to spend time in their own room and we saw staff respected their wishes. This showed that staff respected people’s own personal space and people were treated with dignity and respect. Staff demonstrated how important the promotion of privacy and dignity fitted into their everyday practice. For example We observed staff closed people’s bedroom door before they attended to people’s care needs.

There was a caring approach when meeting people’s care needs. Staff told us they had a good relationship with the local hospice and the palliative care team. Staff felt this helped to ensure people received the care which mattered to them at the end of their lives. For example, one person told us it mattered to them that staff were caring and supported them to be pain free and comfortable with their family close by. A relative told us they were able to visit their family member whenever they wanted. They said that there were no restrictions on the times they could visit the home. One relative said, “I have had to stay late at night and the night staff were really supportive.”

Good

Is the service responsive?

Our findings

People told us staff knew about their interests and favourite things to do. One person told us, "There are plenty of things to keep the mind active." Another person said there was, "Always something going on." Some people shared with us the social events they enjoyed, such as, when the animals visited which included snakes. People showed us programs about when and where events were taking place, there was a regular meeting for anyone to attend at the 'bar' for games to be played, and was well attended on both days of the inspection.

People said that they were involved in arranging social events and would make their own choices about whether they wanted to go out. One person said they went to the races and the pub with their friend, which was what they liked to do. They felt that the management team would look at ways to resolve this as they always listened to ideas of improving people's quality of life. Another member of staff said they would report any concerns they found, and if they needed something for someone living at the home, they would feel confident to ask the management team for it. They told us, "Residents come before everybody."

People told us that they were able to attend their local a religious service held in the home. People spoken with raised no concerns about the gender of the care staff attending to their personal care.

All the people we spoke with said that they received the care they needed, and that staff knew them and their needs and wishes. We saw that people were dressed in clothes that reflected their own styles and the day's climate. One person told us, "I feel staff know my needs and wants." Another person said, "I feel they listen to me, whatever I want."

Care plans included up to date information about what people wanted to be known by, and we saw that staff used these names. The plans also held information about people's preferences and personal history. One care plan we looked at did not include strategies to support a person with their mental health needs. However, staff were able to describe how to support this person. The registered manager told us they were working with the mental health team to make improvements to care plans in this area. People we spoke with told us they had all the support they needed and felt enabled to live the life they wanted to.

Staff received support to maintain a personalised and quality service. The clinical manager told us that a member of staff had asked for additional equipment to support a person to wash their hair more easily. The member of staff had researched the equipment and it had been obtained. All the staff we spoke with said they felt that people were well cared for. They said they felt confident to report any concerns and that the concerns would be actioned by the management team. One member of staff said they, "Make people here very happy, to see someone smile makes your day."

One member of staff gave an example of how they had responded to a person's changing needs. They told us that they involved other professional services and seen an improvement to this person's health and wellbeing. We also saw some people had more complex needs and required support from specialist health services. Care records showed some people had received support from specialist services such as mental health and hospice teams. One healthcare professional said they found staff were positive and eager to learn. They told us staff followed any recommendations they made to meet people's mental health needs. This meant people's needs had been responded to and staff had taken appropriate action to ensure that the care provided remained effective.

People said they were involved in what happened at the home and there was evidence of meetings with people and relatives, for example to discuss menus, refurbishment and entertainment within the home. Relatives we spoke with said their views were listened to and they were involved in the care planning for their family member. This meant that people's views were considered in the way the service was provided.

People told us they would be happy to make a complaint if needed and know who to speak to. They felt assured that if they raised an issue it would be resolved. One person told us, "If there was anything worrying me I would go straight to the boss [registered manager]." The registered manager said that she met all new people as they arrived at the home, and she ensured family and friends were aware of who she was. The relatives we spoke with all knew the registered manager and felt happy to speak to her if they had any concerns. One relative told us, "The manager is open and I am happy to talk to her, I feel she would deal with anything."

Good

Is the service responsive?

There was a clear process for managing complaints and this was displayed on the notice board. We saw, complaints were recorded, investigated and responded to. For example, there had been a complaint made and a meeting held with one person's relative to make improvements and resolve the issues raised.

Good

Is the service well-led?

Our findings

People we spoke with all told us that the registered manager was approachable and available if they needed to speak to her. One person told us, “The boss (registered manager) would sort it, really caring.” One relative said, “Senior management are brilliant.” Another relative told us, “I talk regularly with the manager.” People we spoke with and relatives all said that they would be happy to speak to the management team and they felt involved and listened to. This is because they were involved in how the home was run as they were invited to meetings and asked to take part in satisfaction questionnaires.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. Staff spoke positively about the leadership of the home. One member of staff told us, “Happy to approach management, I feel supported.” Another member of staff told us, “This has honestly been the best place I have worked at.” They told us there was a culture of openness and they would report any concerns or poor practice if they witnessed it. The information gathered before the inspection from the provider information showed that there had been few staff changes over the previous year. There was an established and consistent staff base which meant people received support from staff who knew them well. Staff told us that they were happy working at the home and some had worked in different roles over a number of years.

We saw that the management team were supportive of staff during the day, taking time to check that they were alright and that people’s support needs were met. Staff were able to carry out their duties effectively, and the manager made themselves available if they needed any guidance or support.

The registered manager told us that Rashwood had been accredited by the Gold standard framework [GSF] for end of life care. The GSF Centre is a not-for-profit Social Enterprise Community Interest Company that have developed quality hallmark accreditation processes, that has enabled the organisation to demonstrate sustained best practice. The accreditation process involves continuous assessment against 20 standards of best practice across a two year period. There were plans for a flat, for relatives to stay in more comfort, to enable people reaching the end of their lives to remain in close proximity to their family. The registered manager said her vision was to continue to build a reputation of providing excellent palliative care [this is specialist care provided for people towards the end of their lives].

We saw that there was a quality assurance system in place for auditing care plans. We saw that the outcomes of these audits were not always followed up or actioned. The registered manager told us that she would review this process and she assured us that these would be addressed.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service was in place. We found the registered manager was supported by a clinical manager and a hospitalities manager, with involvement from a regional manager who provided support and advice. Records showed that the regional manager visited on a regular basis to monitor, check and review the service and ensure that good standards of support and care were being delivered consistently.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty.