

## Elizabeth Finn Homes Limited

# Rush Court

### Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

## Overall summary

We inspected Rush Court on 9 June 2015. Rush Court provides residential and nursing care for people with a range of conditions. The home offers a service for up to 50 people. At the time of our visit 47 people were using the service. This was an unannounced inspection.

At our previous inspection in August 2013, the provider was meeting all the standards inspected.

People's medicines were not always managed safely. Medicine records were not always accurate and systems in place to monitor medicines coming into the home were not effective. This put people at risk of not receiving medicines as prescribed.

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

People received caring and compassionate support. People were extremely complimentary about the care they received and about the care staff. There was a caring culture throughout the home, shared by all staff. People's needs were at the centre of all activity and

# Summary of findings

people valued their relationships with staff. Care staff provided personalised care and knew people's needs, likes and dislikes. Care staff were committed to providing personalised care and found innovative ways to engage with people.

People had access to a wide range of activities to meet their individual needs. People were involved in deciding activities they would like organised and those they would like to attend. The social engagement leads used innovative ideas to ensure people had access to activities that interested them.

People and their relatives were complimentary about the approachability of the registered manager. A scheme called 'Ladder to the moon' had been introduced which promoted the participation of everyone involved in the

home to ensure the whole service was about the people living in the home. People and their relatives were encouraged to give feedback on the service and their views were valued.

Staff felt well supported and had access to development opportunities to improve their skills and knowledge. Staff received regular supervision and were encouraged to have input into improving the quality of service.

The provider was adhering to the principles of the Mental Capacity Act 2005 Code of Practice. The Mental Capacity Act 2005 ensures that where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 not always safe. Medicines were not always managed safely.

There were sufficient staff, with the appropriate skills and knowledge to meet people's needs.

People's needs were assessed and risks managed effectively.

Requires improvement



### Is the service effective?

The service was effective. People had access to sufficient food and drink to meet their needs. They were offered choice and flexible meal times.

People were referred to appropriate health professionals when their health care needs changed.

Staff felt supported and received regular supervision.

Good



### Is the service caring?

The service was caring. People were supported by staff who were committed and highly motivated to provide personalised care.

Staff knew people well and ensured people were treated with dignity and respect at all times. People valued their relationships with staff.

People were involved in decisions about their care. People were given choice about all aspects of their care, to ensure they felt valued and involved.

Outstanding



### Is the service responsive?

The service was responsive. People had access to a wide range of activities both in and outside of the home. People were involved in planning and decisions relating to activities.

Activities were personalised to meet individual needs. Staff were innovative in finding ways to meet people's social needs.

People were involved in planning their care to ensure they felt empowered and valued.

People knew how to raise concerns and were comfortable to do so. There were regular meetings that enabled people to share their views. The service was responsive to people's feedback.

Outstanding



### Is the service well-led?

The service was well-led. The registered manager was approachable.

The registered manager introduced accredited schemes to improve the service.

Systems were in place to monitor the quality of the service.

Good



# 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 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.

This inspection took place on 9 June 2015 and was unannounced. The inspection team consisted of four inspectors and an expert by experience (ExE). 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 visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We spoke with 12 of the 47 people who were living at Rush Court. We also spoke with four people's visitors and relatives. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, the hotel services manager, eight members of the care team, the chef, the maintenance person and a housekeeper.

We looked at nine people's care records, records relating to medicines and at a range of records about how the home was managed. We reviewed feedback from people who used the service and a range of audits.

# Is the service safe?

## Our findings

Medicines were not always managed safely. We could not be sure people received their medicines in line with their prescription as there was no effective system in place to monitor the balance of medicines. For example, medicines received in to the home were not always recorded accurately on the Medication Administration Record (MAR). Medicines were not always stored in the original packaging they were dispensed in.

The information on the MAR was not always consistent with information on the medicine. For example, one person's MAR had been initialled by two nurses, following GP advice. However, the information on the medicine was not the same as the information on the MAR.

There were no protocols in place for "as required" medicines. This meant there were no directions specific to the person and the medication regarding when it should be offered to the person. We spoke to a nurse who told us nurses used their clinical judgement. We spoke to the registered manager about this. The registered manager showed us minutes of meetings where PRN protocols had been discussed. Appropriate systems had been identified and were in the process of being implemented.

These issues were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were ordered, stored, and disposed of safely.

People told us "They are good at ensuring my medication comes" and "The nurses look after my tablets and they stay for a while when I take them." People were supported to administer their own medicine. Risk assessments were in place detailing the support people required. For example, one person administered their own insulin. People's clinical observations were completed and recorded where this was required in relation to the administration of medicines.

People told us they felt safe. Comments included: "Absolutely and completely safe and they are so kind as well. I can have a joke with them - I pull their leg mercilessly!" and "The Night Staff will check on me and are happy to bring tea or drinks for me". Relatives told us people were safe. One relative said, "She always looked cared for and I am confident she is safe."

Staff told us they had received safeguarding training. Staff we spoke with understood their responsibilities in relation to safeguarding. Staff were aware of the signs of possible abuse and their responsibility to report any concerns to a member of the management team.

There were clear records relating to safeguarding concerns. Issues had been investigated. Both local authority safeguarding and CQC had been notified appropriately about safeguarding concerns.

People's care plans contained risk assessments. Risk assessments included moving and handling, falls, nutrition, and fire. One person's care plan showed the person had been identified as at risk of weight loss. The risk assessment identified the person preferred small meals and liked to eat frequently. Staff were aware of this and we saw this happened. The person was weighed monthly and their weight had stabilised.

People told us there were enough staff to meet their needs. Staff were not rushed and people's needs were met in a timely manner. A staff member told us "We do get enough staff" and in the case of sickness absence "It gets covered." The registered manager used a dependency tool to assess staffing levels. Four weeks rota's showed assessed staffing levels had been achieved.

People had call bells to hand. People in the dining room and lounge had portable call bells. Call bells were answered in a timely manner. One person said "They [staff] respond promptly in the middle of the night. I don't use the call bell during the day". Another said, "They come straight away to help and they are nice and kind".

# Is the service effective?

## Our findings

Staff told us they felt supported in their role. One care worker told us “I never feel like I am on my own”. Staff were complimentary about the support they received from the registered manager.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff identified development needs and had access to development opportunities. One care staff member told us they had expressed an interest in further training in male catheterisation, the service had supported this. Staff told us they had had regular supervisions. New staff were supervised during their probationary period. One new member of staff told us “The induction process was thorough and included sign off at every point of a competency being demonstrated”. Staff records we looked at supported this. Senior staff responsible for supervising care staff had good knowledge of the staff they supported.

The registered manager ensured staff had access to regular training. Staff told us this was a combination of face to face training and e-learning. Training included fire safety, first aid, infection control and moving and handling.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides a legal safeguard for people who may be deprived of their liberty for their own safety. All staff we spoke with had understanding of DoLS. One staff member told us “You can’t just deprive someone of their liberty”. All staff we spoke with showed a good understanding of the Mental Capacity Act 2005 and its principles. One staff member said “A person is regarded as having capacity until it can be proved that they don’t”.

Care plans included mental capacity assessments relating to people's capacity to make specific decisions. For example one care plan contained a capacity assessment regarding the persons ability to request specific medicines.

People were positive about the food. Comments include: “The food is good” and “There is usually a good selection”. People were involved in developing the menus through planning meetings.

People chose where they wanted to eat their meals. People who did not want to come to dining areas were supported to eat in their rooms. A staff member told us, “In the past we used to try and get everyone down for breakfast, we tried buffet options and other things, but not everyone wants this, so now we give our residents the choice that suits them”.

Meal times were flexible, for example lunch was served from 12:00 until 13:45. We saw that people could order from the menu choice at mealtimes. Food looked appetising and people enjoyed their meals. People who needed assistance to eat were supported in a respectful manner. One person did not like the choices on offer and was offered an alternative.

People were offered snacks and fluids between meals. People were offered regular drinks and were able to ask for a drink at any time. A hostess made regular visits to people's rooms and brought fresh jugs of water.

People who had special dietary requirements received food in line with their care plans. For example, one person required a pureed diet and received this. The chef was aware of people's dietary requirements and people's food allergies. Advice and guidance relating to allergies was detailed on the daily menus. This meant care staff could ensure people made food choices that met their dietary requirements.

Records showed that people had regular access to other health care professionals, this included referrals to speech and language therapists (SALT) and tissue viability. People who had SALT assessments and were at risk of choking received softened foods and thickened fluid in line with recommendations. Where people were identified as requiring thickened fluids this was documented in care plans. In two peoples records there was a SALT assessment and in the third a recommendation from the person's GP.

Access to other healthcare professionals included district nurses, dieticians and a physiotherapist who was employed by the home. During our inspection a chiropodist was visiting the home. At handover senior carers discussed a hospital visit for a person and how the home was supporting the person to attend. The GP visited the nursing wing of the home weekly and would review people on the residential unit if needed.



# Is the service caring?

## Our findings

People were complimentary about the staff at Rush Court and valued their relationships with the staff team.

Comments included; "Staff are very good and very helpful. They [staff] can't do enough for you", "I have been here three to four months and it is excellent. I don't think it could be better. I couldn't criticise the staff in anyway", "The people [staff] here are very kind and they don't rush you" and "They [staff] are all nice and are never grumpy".

Relatives and visitors were positive about the staff and their caring nature. One visitor told us, "Staff are very easy to talk to". A relative told us, "It's amazing, the nursing staff are lovely and the atmosphere is wonderful. The whole provision is outstanding".

Staff had a caring approach. One member of staff told us, "It's simple, you treat people like you would your loved ones".

Staff knew people well and went out of their way to provide personalised care and support. For example, one person had chosen not to leave their room and was becoming low in mood. A care worker found out the person 'loved horses' before moving to the home. The care worker arranged for horses to be brought to the grounds and the person agreed to be taken outside to see them. Photographs displayed in the home showed the person smiling and enjoying time with the horses. The person also spent time with other people living in the home who also enjoyed seeing the horses. The activity had a positive impact on the person's well being and following the visit from the horses the person was leaving their room and enjoying walks in the grounds of the home with the care worker.

Care was individualised to ensure people's privacy and independence was respected. One couple we spoke with told us they liked to spend time in their room during the afternoon as they had done when they lived at home. They told us they did not need any other social interaction. Care staff were aware of this and told us it was important for people to maintain their relationships as they chose to. The care plans reflected this information, showing respect for their relationship.

Staff talked with people with warmth, respect and patience. Staff listened to what people were saying and gave them time to express themselves. Interactions were kind and caring. One person was clearly pleased when a member of

the care team noticed they had come to the lounge area for an activity. The member of staff said, "So nice to see you up and about and out of your room". The person smiled and engaged with the staff member. The atmosphere was calm and cheerful throughout the day.

People were encouraged to make choices and staff respected the choices made. If people changed their mind this was supported in a patient and caring manner. For example, one person had chosen to eat their meal in the dining room. However, when the meal was served the person changed their mind and wanted to return to their room. Staff responded immediately in a kind and supportive manner. The person was supported back to their room and a meal served to them.

The registered manager told us the service was participating in a scheme called 'Ladder to the Moon'. The purpose of the scheme was to motivate and inspire staff to provide individualised care that was kind and compassionate. The scheme is recognised as a good practice scheme that involves people, staff and the wider community in developing personalised care. All staff were involved in 'Ladder to the moon' and the registered manager told us of the positive effects on staff engagement the scheme had. Staff spoke passionately about the scheme and showed us photographs of monthly themed evenings where people and staff enjoyed time together. All staff were invited to the evenings, this included housekeeping, catering, maintenance and office staff. One member of staff told us, "I come in on my day off for them. Last night we had a cheese and wine party". We heard a person chatting to a care worker about the evening and both had obviously enjoyed the shared experience.

People were treated with dignity and respect. Where people were being supported with personal care an 'engaged' sign was attached to the door. Care staff told us this was to ensure no-one entered the room while a person was receiving personal care. Staff knocked on people's doors and waited to be invited in before entering. The 'engaged' sign for people's doors had been developed as a result of Dignity meetings. Dignity meetings were held every six weeks in the home and involved people and staff.

Some of the staff team were 'dignity champions'. One staff member explained the dignity champions were part of a local network and brought ideas back to the dignity group in the home.



## Is the service caring?

The registered manager told us the home supports people at the end of their life and had started to implement the Gold Standards Framework (GSF). GSF is a training programme to enable frontline staff to provide a gold standard of care for people nearing the end of life. The

registered manager and deputy had attended a workshop and were now rolling out the training to staff. Staff told us the training had begun and they had watched an introductory DVD at a recent staff meeting.



# Is the service responsive?

## Our findings

People were positive about the service and felt involved in decisions about how they spent their day. One person told us, "It's comfortable and friendly. I go out on some of the outings but prefer to go out with my grandchildren. The family bring in my dogs which I miss".

Relatives were complimentary about the activities provided in the home. One relative told us, "The activity coordinators [social engagement leads] have been absolutely amazing. They have found events and activities which fit in with [relative] needs". The relative told us the person's condition had improved due to the amount of social stimulation the person had received.

The registered manager told us there was social engagement lead available each day. The social engagement leads hours had been increased and a third member of the team had recently been recruited. The role of the social engagement leads was to organise activities. We saw that all staff were involved in activities and there was whole home approach to ensure people had access to activities that interested them.

The social engagement leads were enthusiastic and passionate about their role and used innovative ways to engage people in activities to improve their well-being. One of the social engagement leads told us they matched activities to people's individual needs. When people moved into the home a life history book was completed with the person and their relatives to enable activities to be personalised. For example, one person had moved into the home and had been extremely frail and unwell. The person was only able to sit in their wheelchair for a limited period. The social engagement leads had spoken with the person and their family to find out the activities the person had enjoyed. Specific activities were then arranged at times to ensure the person could attend. The social engagement leads liaised with care staff to ensure the person was not sat in their wheelchair too long. The person's relative told us, "They [activity co-ordinators] have been very thoughtful and had lots of lovely and different ideas".

The social engagement leads met regularly with people to ensure activities were organised that met their needs. A diary of activities was then organised to include activities in the home and regular outings to places that interested people. For example, people enjoyed the garden at Rush

Court and wanted to visit other local gardens. A visit to the Oxford Botanic Garden had taken place the day before our visit and further outings to gardens had been arranged. Where people did not wish to join in group activities, visits were made to individuals in their rooms. One person's care plan identified the person liked 'puzzles and using their computer'. The activity coordinators visited the person and supported them with their activities.

There were raised beds in the garden. People were supported to grow flowers and vegetables. The hotel services manager told us the home was entering a national competition where people chose a menu. People would then be supported to grow vegetable to be used in the menu. During our inspection people attended a meeting to discuss the competition. People were encouraged and involved in decisions relating to the competition.

People were supported to attend individual activities in the community. During our visit one person was supported to attend a meditation class. Another person was supported to attend an art class in a nearby village.

People had access to activities to meet religious needs. The home had a monthly service in the home. A priest visited individuals in their rooms and people were supported to attend church services in the local church.

The service was supported by a 'house committee'. The committee was a lively and enthusiastic group, formed of relatives of people who used to live at Rush Court. The registered manager and staff were positive about the impact the committee had on the social activities organised. During our inspection members of the committee hosted a pre lunch drink with people living in the home. 12 people were supported to attend afternoon tea at one of the committee members homes. The house committee ran a small shop which was open daily for people in the home to access.

The house committee organised fund raising events, which included people living in the home. Funds had recently been raised to purchase a new mini bus to enable people greater access to outings. The social engagement leads told us they had already arranged outings to the theatre and a boat trip.

The registered manager held regular meetings for people and their relatives. One person who attended told us they found the meetings useful for raising and resolving issues.



## Is the service responsive?

Records of the meetings showed people raised concerns and action was taken. For example, suggestions relating to the refurbishment of the home had been considered and people were involved in choices relating to their rooms.

People's rooms were personalised with their own belongings. People told us they had been able to choose their rooms. For example one person had a light airy room overlooking a courtyard. They told us their relative had helped them choose it. One relative told us, "They took a lot of care to arrange the right room". The person could not use the call bell so was in a room opposite the nursing station.

People told us they were aware of their care plans and had been involved in developing them. Relatives had input into people's care plans and were involved in decisions relating to their care. Care plans showed people and their relatives had been involved in their care plans. Some people had care plans in their rooms. The registered manager explained this was people's choice. If people chose not to have their care plans in their room they were kept in the nurse's station.

People's care plans included information relating to their social and health care needs and were based on people's activities of daily living. Care plans contained detailed information about how care should be delivered and staff were aware of the information in the care plans. For example, people who preferred to remain in their rooms but were unable to use their call bells were visited by care staff hourly for 'well-being and comfort checks'. Staff were aware of the people who required these visits. 'Well-being

and comfort checks' were recorded on charts in people's rooms. One person had requested not to receive these checks. The care plan reflected this information and staff were aware.

Where people's assessments identified risks, risk assessments were completed and management plans were in place. For example, one person was identified at risk of pressure sores. A risk assessment showed the person needed a pressure relieving mattress. The pressure mattress was in place and was set at the correct setting. The pressure mattress setting was checked and recorded when the hourly checks were completed.

People knew how to make a complaint and felt comfortable to do so. People told us they would speak to the manager, hotel services manager or deputy manager and were confident issues would be resolved. One person told us they had made a complaint to the manager when they had first moved into the home and were happy with the outcome.

There was a record of complaints and all had been investigated and resolved to the satisfaction of the person making the complaint. The manager responded to complaints and used them as an opportunity to improve the service. For example, response times to call bells had been raised as a complaint. The manager had monitored the call bells and identified that staffing levels needed to be reviewed. This resulted in additional staffing. The registered manager had installed a system that alerted them immediately to any call bell that was not answered within six minutes. The registered manager would investigate instantly when this was alerted. People told us call bells were now answered promptly.

# Is the service well-led?

## Our findings

People had confidence in the registered manager. One person said, "I get on very well with the manager". People told us the management team were approachable and visible within the home. Relatives were complimentary about the registered manager. One relative said, "The manager has a wonderful balance between running the 'shop' [home] and being compassionate with residents/patients and relatives".

Staff felt supported by the registered manager. Comments included; "I am being supported, the manager is second to none" and "I feel very supported and [registered manager] is really approachable".

There was an open and caring culture. The registered manager celebrated good practice and was supportive and reflective when addressing issues. The registered manager was enthusiastic about the 'Ladder to the Moon' scheme which she described as, "Making sure everything we do is about the people who live here". The registered manager supported a partnership between everyone involved in the home and welcomed suggestions to improve the service.

People and their relatives were kept informed of news and activities by a monthly news letter. The newsletter was planned by the activity coordinators with contributions from people. People, their relatives and visitors were complimentary about the newsletter and found it informative.

The provider carried out an annual quality assurance survey. The survey was sent to people and their relatives. The results of the 2014 survey identified the home as 'very good' in all aspects of care provided.

Regular staff meetings were held. The registered manager told us these were used as an opportunity to share information and to involve staff in improving the quality of care. Staff told us the meetings were useful and enabled them to share ideas for improving the service. For example staff had been encouraged to suggest activities for the 'Ladder to the Moon' scheme. One idea had been to have a barbeque for people, their relatives and staff. The activity coordinator was planning the event.

There was a staff achievement award presented quarterly. Staff were able to nominate colleagues who had 'gone the extra mile'. Staff told us this made them feel valued.

Accidents and incidents were recorded and investigated. There were systems in place to monitor trends and patterns in order to improve the service. For example, there was an audit of people's falls. This was reviewed weekly at a falls analysis meeting to ensure risks were being managed.

The registered manager carried out monthly quality audits, this included audits of care plans, infection control, pressure sores and medicines. Most of the audits identified issues which were addressed through action plans. For example the infection control audit identified that new commodes were needed. These had been purchased. However, the medicines audit had not identified the issues found during our inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment

Treatment of disease, disorder or injury

**The provider did not provide care and treatment in a safe way because the provider did not mitigate the risks associated with the administration of medicines. Medicines were not managed safely. Regulation 12 (1) (2) (b) (g)**