

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 well-led?

**Requires Improvement** ●

# 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

The provider's quality assurance systems were not always effective and had not found issues we identified during the inspection. Environmental checks and people's care records, including monitoring charts needed to be improved. For example, people who required support with food and fluid monitoring and pressure relief, gaps in records were observed.

People told us they felt safe living at the home. Safe recruitment processes were followed, and the provider was proactive in their recruitment to maintain staffing levels. Staff were trained in safeguarding and understood their responsibilities to report concerns.

People were supported by a consistent and caring staff group who knew them. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

The provider sought feedback from people through resident meetings and surveys and used this to develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 19 December 2019). The overall rating for the service has stayed the same based on the findings of this inspection.

### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor on the first day and two inspectors on the second day.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of inspection was unannounced and the second day was announced.

Inspection activity started on the 10 August 2022 and ended on the 31 August. We visited the service on the 10 and 24 August.

#### 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

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#### During the inspection

We spoke with seven people who used the service and one relative about their experience. We reviewed a range of records including four people's care records and five people's medication records. We spoke with 10 members of staff including the registered manager, clinical care co-coordinator, nurses, care staff and maintenance. We also looked at a variety of records relating to the management of the service including staff recruitment files, staff training records, rotas, policies and procedures, audits, meeting minutes and checks the registered manager completed to assure themselves people received safe and good quality care.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Rashwood. One person told us, "I have got the pendant which I can press if I need help and there are always carers going about." Another said they felt safe because, "I am being looked after and they [staff] care about me."
- People were supported by staff who understood their responsibility to report safeguarding concerns. Staff could identify signs indicating abuse may have occurred.
- The provider had safeguarding policies and procedures in place for reporting safeguarding concerns to the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the management team. This ensured trends and patterns were identified quickly, and action taken to prevent reoccurrence.
- Staff told us learning taken from accidents and incidents was shared within the staff team and if necessary further training would be undertaken.
- During our inspection, we identified environmental risks. For example, a door which should have been closed and alarmed, was found open and the alarm not activated. The registered manager took immediate action to address this. A risk assessment was completed following this but needed further work to ensure the risks we had identified were managed to protect people from potential harm or injury.
- Staff confirmed that issues arising from the first day of our inspection relating to risks in the environment had been shared with them. On the second day of our inspection we found most of the issues identified had been addressed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- There were enough staff to support people safely. People were generally happy with the staffing levels in the home. One person acknowledged there had been some staffing issues but said, "I think it is okay provided everyone is at work and not sick. I think they have had a little illness."
- Another person told us, "Normally there are two staff on duty [on the residential unit], occasionally that goes down to one but that does not cause any problems."
- Call bells were answered promptly. The registered manager reviewed the time taken to answer call bells to ensure enough staff were on duty to safely support people.
- The registered manager told us they continued to recruit and were increasing the number of bank staff to ensure identified staffing levels were consistently met.

### Using medicines safely

- We found a person's medication had not been administered as prescribed and there were no clinical notes to explain why this was. The provider identified an error with the electronic record system which they addressed with the manufacturer.
- Medicines were stored securely and at the correct temperatures.
- Medicines which had short shelf life had open dates recorded on them. This meant we were assured of the continued effectiveness of some medicines.
- Where people had been prescribed medication on an "as and when" (PRN) basis, written guidance was available to help staff give people their medication correctly.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The home was facilitating visiting in line with government guidance.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and provider had a range of checks and audits in place to monitor the quality of care, the premises and health and safety. Audits of care records had not identified some of the issues found by inspectors. For example, an audit carried out in June 2022 had not identified that a person's care records had gaps and conflicting information in relation to their skin care.
- We found one occasion where a referral to an external health professional had not been promptly followed up. This meant there could have been a delay in health needs being met.
- We found doors open to areas where items that could cause harm were being stored. The registered manager was made aware of this and actions were taken to address this.
- The service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. There was a commitment to maintaining that standard and regular meetings were held to identify any areas where improvements could be made in the end of life care provided.

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 provider did not always comply with duty of candour. One person had not received a written response following a serious incident. The registered manager acknowledged this was an area for improvement.
- The provider understood their regulatory responsibilities to inform us about any significant incidents within the service. However, we identified a serious injury the registered manager had failed to notify us about. Action was taken by the registered manager to address this following our visit.
- Systems needed to be more robust to ensure statutory notifications were consistently sent to the Care Quality Commission.

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

- People we spoke with knew who the registered manager was and were happy with the care they received. One person told us, "I can't speak highly enough of them. Nothing is too much trouble.
- Staff were positive about registered manager. One staff member told us, "If I have got any issues or need advice on something, I can go and have a talk to her." Another staff member commented, "I don't see her very often but whenever I go to her she is very nice and very helpful, and her door is always open so you can go to her and have a little chat with her."



- Staff felt listened to and there was a positive working culture within the service. One staff member told us "I love working here, it feels like home, we are a good team".
- The provider had introduced a range of incentives to recognise staff commitment to the service and a counselling line to support staff's emotional and mental wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they attended 'residents' meetings' where issues they raised were acted on. One person told us how the presentation of meals had been altered following suggestions they made at a recent meeting.
- Staff were invited to attend regular meetings and felt confident to make suggestions to improve service provision. The registered manager explained how the timing of the handover between shifts had been altered following staff feedback.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, through periodic surveys.
- Prior to the COVID-19 pandemic, the registered manager had developed links within the community, such as the local school and church. These links were being re-established as COVID-19 restrictions relaxed.

Continuous learning and improving care

- Quarterly forums organised by the provider were attended by the registered manager where best practice was shared. In addition, accidents were discussed at health and safety meetings.
- Regular handovers and staff meetings ensured staff's knowledge remained updated about people's needs.
- Staff had received training in key areas. The registered manager supported staff to pursue additional training and opportunities to increase their knowledge.