

Elizabeth Finn Homes Limited

# Rush Court

## Inspection report

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## 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

Rush Court is residential care home providing personal and nursing care for up to 40 people aged 65 and over. At the time of the inspection there were 39 people using the service.

Rush Court provides support to people over two floors. One floor specialises in nursing care.

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

People felt safe living at Rush Court. People were supported by sufficient staff who knew how to report all concerns relating to harm and abuse. There were effective systems in place to assess and manage risks. Medicines were managed safely and people received their medicines as prescribed.

Staff had the skills and knowledge to meet people's needs and were supported in their role. People were supported to access health care professionals when required. People were complimentary about the food and were supported to ensure their dietary needs were met.

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 told us staff were kind and caring. Staff treated people with dignity and respect, valuing them as individuals. People were involved in all decisions about their care and choices were respected.

Care plans were not always person-centred. This had been identified by the registered manager and there were plans in place to update and improve care plans. People were confident to raise concerns. All concerns were investigated, and action taken to resolve any identified areas of improvement. People were supported to remain at Rush Court for end of life care if this was their wish and were treated with dignity.

There was a person-centred culture that ensured people were at the centre of all the service did. There was a new registered manager in post who had identified areas for improvement. There were clear plans in place to ensure the improvements were achieved. Staff enjoyed working at the service and were committed to providing high-quality care.

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

The last rating for this service was outstanding (published 23 August 2017).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Rush Court

## 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 carried out by two inspectors.

#### Service and service type

Rush Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, unit lead,

physiotherapist, care staff, activity staff, administrator and chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. understanding of their responsibilities to identify and report concerns that indicated people w  
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 felt safe living at Rush Court. One person said, "I feel safe inside and outside here."
- There were systems in place to ensure any concerns relating to harm and abuse were managed effectively.
- Staff had a clear understanding of their responsibilities to report concerns relating to the risk of harm and abuse. One member of staff said, "I wouldn't think twice about reporting. I would report to nurse I charge."

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

- Care plans contained risk assessment which included risks related to falls, mobility, nutrition and skin damage. Where risks were identified there were plans in place to support people to manage the risks.
- The registered manager had effective systems in place to monitor the environment and equipment to ensure it was safe.
- Accidents and incidents were recorded and reported. There were systems in place to analyse all accidents and incidents for trends and patterns. This included all falls which were reviewed by the physiotherapist who ensured people were being supported in the most effective way to minimise the risk of further falls.

Staffing and recruitment

- There were sufficient staff deployed to ensure people's needs were met. People told us staff responded promptly to call bells and were responsive to their needs. One person said, "They notice if I need something."
- Staff told us there were sufficient staff. One member of staff said, "Staffing is good. We have a very settled team, and all help each other out."
- There were effective recruitment processes in place to support the provider to make safe recruitment decisions.

Using medicines safely

- Medicines were managed safely. There were effective systems in place to ensure medicines were ordered, received, stored, administered and disposed of appropriately.
- Staff completed training in the management of medicines and their competences were assessed to ensure they were able to manage medicines safely.
- There were not always protocols in place where people were prescribed 'as required' medicines. We spoke with the registered manager who took immediate action to ensure these were completed.

Preventing and controlling infection

- The home was clean and bright and free from malodours. All areas were cleaned regularly, and the registered manager had systems in place to monitor the cleanliness of the service.
- Staff completed infection control, training. Staff followed food practice guidance relating to infection control and used personal protective equipment effectively.

# 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 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 assessed prior to them moving to the home. This included assessments of their physical, social and emotional needs. This ensured people's needs could be met by the service.
- Care plans reflected current standards, guidance and legislation. This included standards relating to oral health care and communication needs.

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had the skills and knowledge to meet people's needs. Staff had access to a range of training and development opportunities to ensure their skills and knowledge were up to date.
- Staff felt well supported and had regular one to one meetings with a named line manager. One member of staff said, "[Registered manager] is very calm, can go to her with anything. I feel very supported."

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

- People were complimentary about the quality of the food and the choices made available. One person said, "The standard of food is excellent. You can always have something different to eat if you don't fancy what you ordered when it comes. I sometimes ask for scrambled egg on toast which the chef does very well."
- Care plans included information related to people's specific dietary requirements and people received food and fluids in line with their care plans.

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

- People had access to a range of health professionals to ensure their health care needs were supported and met. Records showed people had been supported by G.P, speech and language therapist (SALT), physiotherapist and optician.
- Care plans detailed advice and guidance given by health professionals and guidance was followed.

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

- People's rooms were personalised with photographs and personal belongings. This included their own furniture if this was their wish.
- People had free access to an extensive, well maintained garden, which people told us they enjoyed on a regular basis.

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 completed training in MCA and understood how to support people in line with the principles of the Act.
- The registered manager understood their responsibilities in relation to the MCA and application procedures for DoLS.

# 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 outstanding. At this inspection this key question has now been rated good. 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 were supported by staff who were kind and compassionate. One person told us, "Staff are very thoughtful and caring."
- Staff spoke with genuine fondness about people. Staff knew people well and respected them as unique individuals. One member of staff said, "I have been here a while, so I have got to know people, their interests and their different little ways. We can have a laugh sometimes."

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

- People were closely involved in all aspects of their care. Throughout the inspection people were offered choice and decisions respected.
- Relatives were involved in people's care where this was appropriate. One relative told us, "I am very involved in [person's] care and find the staff very helpful. The don't mind me being closely involved."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff ensured people's dignity was respected when providing support with personal care.
- Staff spoke with and about people in a respectful manner, referring to them by their chosen name.
- Staff encouraged people to maintain and improve their independence. The service employed two physiotherapists who worked closely with people to support their independence. The physiotherapists guided staff to ensure independence was promoted. One physiotherapist told us, "Staff are very good at following what we say."

# 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 outstanding. At this inspection this key question has now been rated good. 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 were not always personalised and contained some conflicting information. The registered manager told us they had introduced 'Resident of the day' which was enabling them to review each person's care plan with them and their family members to improve the quality of the information in care plans.
- People felt involved in their care and were given choices in relation to all aspects of their care. People were supported to spend their day as they chose.

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.

- Care plans included information relating to people's communication needs. One person wore hearing aids. The care plans stated that staff should ensure hearing aids were working and that person was supported to wear them. The person was wearing hearing aids and was able to communicate effectively.

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 were supported to enjoy a range of activities, which included trips out, visits from community groups and external entertainers. One person told us, "There's plenty going on. I enjoy the trips and they take me out to the garden."
- People who remained in their rooms were visited regularly by care staff. The registered manager had identified that more needed to be done to improve the social interactions for people in their rooms and was looking at ways to achieve this.
- Relatives were welcomed to the home and supported to maintain relationships with their loved ones. One relative told us, "It's a pleasant atmosphere here. I pop in often."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Records showed that all concerns were recorded and investigated to ensure complaints were resolved.
- People and relatives were confident to raise concerns and felt they would be dealt with effectively. One relative told us, "I am sure I could go to [registered manager] if I had a concern."

## End of life care and support

- People were supported to remain in the service when they required end of life care.
- At the time of the inspection one person was receiving end of life care. There were no concerns about the quality of care the person was receiving. However, the person's care plan did not reflect their end of life status.
- At the last inspection the service had been working toward the Gold Standards Framework. This had not been achieved. We spoke with the registered manager who was aware of this situation and had plans in place to recommence the accreditation process and improve documentation around people's end of life care.

# 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 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.

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

- Since the last inspection there had been a new registered manager, who had been registered with the commission on 5 March 2020. The registered manager was supported by a new deputy manager and there was a clear staffing structure in place.
- The registered manager had implemented a range of audits which had identified the issues found during the inspection and there were clear plans in place to address the issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred culture that put people at the centre of all the service did.
- Staff felt valued and listened to. One member of staff told us, "I feel valued. We have good teamwork. The care team are amazing. We are like a family."
- There were systems in place to enable the provider to seek feedback about the service. This included regular meetings with people, relatives and staff. A range of surveys were also used.

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 and registered manager understood their responsibility to be open and honest when things went wrong.
- The provider submitted notifications about specific events to CQC as required by law.

Continuous learning and improving care; Working in partnership with others

- There were a range of systems in place that enabled the provider and registered manager to identify issues and enable learning from events. This included an analysis of falls in relation to individuals, the whole service and across all services registered to the provider.
- The registered manager was supported to keep their skills and knowledge up to date. The registered manager told us they had completed an induction programme and felt supported by the provider. They attended general manager forums organised by the provider which discussed current best practice.
- The service worked closely with health professionals and were looking for ways to improve community links.

