

# Key Healthcare (St Helens) Limited

# Elizabeth Court

## Inspection report

New Street  
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St Helens  
Merseyside  
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26 November 2020

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Elizabeth Court is a residential care home providing personal and nursing care. The service can support up to 44 people within one building. Bedrooms and facilities are located on both floors of the building. Forty-two people were living at the service at the time of this inspection.

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

Systems for the management of infection prevention and control were in place. We have made a recommendation that up to date guidance in relation to preventing and controlling infection is implemented at all times.

Systems for the oversight and monitoring of the service people received were in place. We have made a recommendation that the provider continually reviews the effectiveness of the records monitoring systems.

People's needs and wishes were assessed prior to moving into the service. People received care and support from staff who had received training for their role. People were happy with the food available to them. People's healthcare needs were met by staff and community-based health care professionals.

People were protected from abuse and the risk of abuse. Regular safety checks were carried out on the environment and equipment to maintain people's safety.

Recruitment procedures were in place to help ensure that only suitable staff were employed at the service.

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.

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 requires improvement (Published 18 December 2019).

### Why we inspected

This was a planned focused inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

The service was not always well-led.  
Details are in our well-led section below.

Requires Improvement ●

# Elizabeth 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.

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. The inspection site visit was carried out on 26 November 2020 by one inspector.

#### Service and service type

Elizabeth 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

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 reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service. We spoke with six members of staff including the registered manager, nurses and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records that included people's care and medication records. We looked at three staff files in relation to recruitment and training and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found during the visit to the service and information sent to us during the inspection process.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were not assured the provider was following good practice to prevent visitors from catching and spreading infections. The risk assessment in place for visitors to the service required improvement to ensure that risks relating to the disposal of PPE; symptom checks and escorting visitors in and out of the building were considered. Discussion took place with the registered manager who took action to revise the risk assessment in place.
- We were not assured the provider was meeting shielding and social distancing rules. When required, people shielded appropriately. However, social distancing for people using the service was not always in place. For example, people queued to enter the dining room prior to meals being served. Discussion took place with the registered manager for considerations as to ways in which social distancing could be further promoted.
- We were assured the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely. Staff supporting people were seen to use PPE appropriately. However, one member of staff was seen on several occasions not effectively wearing their face mask.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach.

We recommend that the provider ensures that up to date guidance in relation to preventing and controlling infection is implemented at all times.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to record and report safeguarding concerns.
- Safeguarding procedures were in place and readily available. The majority of staff had completed safeguarding adults training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.

### Assessing risk, safety monitoring and management

- People's care planning documents detailed potential risks and how these risks could be mitigated.

- Identified risks for people were monitored. For example, people identified as being at risk from weight loss had their weight monitored on a regular basis.
- Regular checks and monitoring around the environment and equipment took place to maintain a safe environment for people to live. For example, specialist mattresses in use were checked on a regular basis to ensure they remained effective.

#### Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet the needs of people. Staff were deployed to ensure that a member of staff was always present in communal lounges throughout the day to offer support to people.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- A call bell system was in place for people to alert staff that they needed assistance. One person told us, "Night staff answer my call bell if I need help. Sometimes I have to wait because they are busy, I understand though."
- A system was in place to ensure that people, unable to use a call bell received the support they needed. This involved staff carrying out regular checks on people whilst they were in their bedroom.

#### Using medicines safely

- Policies, procedures and good practice guidance were in place for the safe management of people's medicines.
- Prescribed medicines for people were stored appropriately.
- Medicines administration records (MAR) were in use to record people's medicines. These records were completed appropriately.
- Regular audits took place to monitor people's medicines.

#### Learning lessons when things go wrong

- Accident and incidents which occurred were recorded on the electronic care planning system which enabled senior staff to monitor accidents and incidents for patterns or trends.
- Family members were kept informed of any accidents or incidents their relative had experienced.
- Information relating to accidents and incidents was reported to the provider on a weekly basis. This enabled the provider to monitor, and make improvements when things went wrong.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- People's individual needs were assessed prior to moving into the service to ensure they could be met. Due to the current pandemic, assessments were carried out by telephone and by gathering information from other agencies. A family member whose relative had recently moved into the service told us that two family members and their relative had participated in the telephone assessment.
- A system was in place to review people's care plans on a regular basis. Family members told us they were involved in the planning and review of their relative's care when changes were needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were experienced and had received training for their role.
- A programme of electronic induction and continual mandatory training was in place for staff. Records demonstrated the majority of care staff were up to date with their training.
- Staff had received formal supervision for their role.
- People's comments about staff included; "Carers are mostly lovely, I have a right laugh with some of them" and, "Staff are all lovely, they look after me well."

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

- People were protected from the risk of poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- People at risk from poor nutritional intake had specific care plans in place and their dietary intake and weight was monitored on a regular basis. When required, referrals were made to dietician and speech and language services for support and advice in meeting people's nutritional needs.
- People's comments in relation to the meals available included, "Ooh I like the food. Nothing to complain about" and, "I love the porridge for breakfast."

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

- Where people required support from health care professionals this was arranged. For example, one family member told us staff had observed that their relative had not been eating as they should and were losing weight. Staff arranged a medicines review and changes were made. Their relative had now gained weight.

- Staff had access to guidance and support from regular contact with the local GP service.
- A community medicines management team supported the service in the reviewing of people's medicines. GP services visited the service on a regular basis to monitor and review people's health.

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

- The layout of the building enabled people the freedom of movement around the service with outside furnished spaces fully accessible.
- The environment had been adapted and designed to provide ease of access to people which included accessible bathrooms and communal areas.
- A nationally recognised assessment to provide a positive environment for people living with dementia had taken place since the previous inspection. This had resulted in changes to the signage around the building. Plans were in place for more equipment to be ordered and delivered. Signage was in place around communal areas to assist people with orientation and independence.
- Large boards containing locks, tools and tactile fabrics to offer focus and engagement to people had been temporarily removed in line with current infection and prevention control guidance.

#### 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

- DoLS applications had been made on behalf of people when required.
- Since the last inspection a review of people's needs, and requirements had been carried out to ensure that appropriate applications were submitted.
- Systems were in place to record people's consent.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management was not always consistent.

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

- Systems were in place for the monitoring of the service and ensuring quality and safety. Weekly checks and monthly audits took place around the management of medicines and the environment.
- Improvements were required in relation to the maintenance and accuracy of records regarding, staff training, risk assessments relating management of infection prevention control and care planning records.
- Further monitoring of the staff training matrix was needed to ensure information recorded was accurate and demonstrated that staff had received up to date training for their role.
- Infection Prevention and Control measures in place for visitors to the service required improvement to ensure that risks relating to disposal of PPE; symptom checks and escorting visitors in and out of the building were considered. These areas were discussed with the registered manager and addressed during our inspection process.
- A system was in place for the regular monitoring of people's care planning records. However, this system was not fully effective as we noted some areas of improvement regarding the accuracy and consistency of records. Person centred detail was sometimes missing. For example, one person's care plan stated, "I have anxiety and will show this with my verbal communication, not words." There was no other information recorded as to how staff were to support the person during their periods of anxiety. Care plan information regarding DNACPR was not always consistently recorded.

During feedback from the inspection the registered manager and clinical lead for service made a commitment to reviewing the details of people's care planning records to ensure that they contained accurate, consistent information.

We recommend that the provider continually reviews the effectiveness of their records monitoring systems in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider had an understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- The registered manager and provider were clear about their responsibilities.

- Policies and procedures to promote safe, effective care for people were available

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

- Arrangements were in place to engage and involve people using the service, family members and staff. However, due to current pandemic restrictions, meetings had been suspended.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people was provided.
- Family members told us that staff maintained contact with them. Comments included; "Feel supported. Know who to talk to if there was a problem. I know I can get in touch. Quite happy with how things are" and, "The service keep in touch and notify of any changes. Contact if she needs anything, they have been amazing. Communication has improved and we get weekly updates. I think they have done everything they possibly could."

Continuous learning and improving care; Working in partnership with others

- The registered manager was participating in a borough wide development programme with the local Clinical Commissioning Group. This programme was designed to further develop services providing nursing support to people.
- The provider had engaged an external company to offer advice, support, development and monitor the service provided at Elizabeth Court. The registered manager was in the process of working through an improvement action plan that had been developed.