Elizabeth House (Oldham) Limited

Elizabeth House

Inspection report

35 Queens Road
Oldham
Greater Manchester
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08 August 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Elizabeth House is a care home that provides 24-hour residential care for up to 30 people. At the time of our inspection there were 22 people living at the 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 home is situated approximately one mile from the centre of Oldham. It is a large detached building that provides accommodation over two floors. It has a garden at the front and an enclosed yard to the rear of the property.

This was an unannounced inspection which took place on 07 and 08 August 2018. We last inspected the service in November 2015. At that inspection we rated the service 'Good' overall. At this inspection we identified one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was in relation to the maintenance of the premises. We have made a recommendation about staffing levels.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was clean and new lounge chairs had recently been purchased. However, the main corridor carpet was badly stained and malodourous and there were areas throughout the home where maintenance was required. Although the provider was aware of the poor condition of the carpet and had scheduled for it and other carpets to be replaced, there were other parts of the building where general maintenance was required. Action had not been taken to resolve these issues.

There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity, passenger lift and fire-fighting equipment were up-to-date.

People's needs were responded to promptly during our inspection. However, several people told us they felt more staff were needed, particularly during the night, when only two staff members worked the shift. The registered manager told us they were in the process of recruiting new staff to increase the number of care staff on duty and in particular, at night.

There were systems in place to help safeguard people from abuse. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people.

New staff were provided with an induction programme. All staff had undergone training to ensure they had the knowledge and skills to support people safely. Staff received regular supervision. This gave them the

opportunity to raise any concerns, identify their training needs and receive feedback about the standard of their work.

People were supported to make choices, such as what they would like to eat and wear and what they would like to do. This showed the service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff worked with health and social care professionals to ensure people were supported to maintain good health. People were provided with a choice of good quality, home-cooked meals.

The service had a process for handling complaints and concerns. There had not been any recent complaints.

People's care records were detailed and person-centred. They provided staff with sufficient information to guide them on how people would like to be supported. Staff helped people to take part in activities of their choice.

The service had a registered manager who was new to this role. She showed enthusiasm and commitment to the service.

There were some systems in place to monitor the quality of the care provided. However, the audits had not identified all the maintenance problems we found during our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some areas of the home had not been adequately maintained.

Medicines were managed safely.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

Is the service effective?

Good

The service was effective.

Staff received an induction, regular training and supervision.

Staff encouraged people to make choices about their everyday routines. The service was working within the principles of the Mental Capacity Act.

People were supported to maintain their nutrition, health and well-being. Staff worked with other health care professionals to meet people's health needs.

Is the service caring?

Good

The service was caring.

People we spoke with were complimentary about the staff and about the support they received.

People were treated with dignity and respect. Staff encouraged people to maintain their independence where possible.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were responsive to their needs. Care plans were detailed and person-centred.

There was a complaints procedure for people to voice their

concerns.

Staff supported people to take part in a range of activities.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor and improve the quality of service provision. However, these had not picked up all the maintenance problems that we found.

The registered manager was knowledgeable and showed committed leadership.

Policies and procedures were in place to guide staff on best practice.

Elizabeth House

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 was planned to check 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 was an unannounced inspection which took place on 07 and 08 August 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority to ask if they had any concerns about the service, which they did not.

During our inspection we spoke with the registered manager, the previous registered manager, two care assistants, two people who lived at the home and two relatives. We looked around the home checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in most of the bedrooms. We spent time observing a lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, weight records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Requires Improvement

Is the service safe?

Our findings

We looked round all areas of the home to check on the maintenance and cleanliness of the building. The communal rooms were clean and new chairs had recently been purchased for the lounges. However, there were some areas of the home where maintenance was needed. For example, in one bedroom we found a large hole in the en-suite bathroom ceiling next to the light fitting. In another bedroom the wall paper was peeling off an area of the ceiling and wall. In the downstairs bathroom the edge of the bath had come away from the side of the bath, leaving a sharp edge which someone could injure themselves on. The corner of the toilet cistern in one en-suite bathroom was broken off. The bathroom did not have a light bulb in the light fitting. We have been told this room was unoccupied at the time of our inspection and the need for repairs reported to the provider. Another en-suite bathroom also lacked a light bulb and light shade.

In one bedroom the front of the chest of drawers had come off. In another room the door to the en-suite bathroom had come off it's hinge. This had been found on the morning of our inspection and was reported to the provider to be repaired. One of the strip lights in the dining room was missing. The door to the downstairs shower room had a large hole near the bottom of it. The downstairs corridor carpet was heavily stained and was malodourous. We were told this and other carpets were due to be replaced.

There was a large yard to the rear of the home with access from the dining room. This contained a wooden shelter for people who smoked, which had recently been built. During our inspection we found there was a pile of wood left in the yard. This could have caused an injury if someone had fallen against it. One person we spoke with told us, "The home needs a face lift."

Failure to adequately maintain the premises is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the number of staff employed at the home and their different roles. We were told that three staff had recently left the service because they had not passed their probationary period. The registered manager told us she felt it was important to employ people who were committed to providing high quality care and if staff did not meet these standards they could not continue their employment at the home.

During our inspection we found that people's requests for assistance were dealt with promptly. However, several people commented that they felt the home needed more staff. Staff rotas showed that a senior care assistant and a care assistant were on duty during the night. At the time of our inspection there were 22 people living at the home, three of whom needed the support of two staff for any personal care. This meant that when two night staff were assisting one of these people, there was no one else to support the remaining 19 people.

We looked at the staff rota for three weeks during July/August. On two days during one of the weeks, the registered manager had worked as the cook and during the other two weeks she had worked one day as the cook. This meant that on those days she was not able to carry out her role as the registered manager.

The service did not employ a dedicated maintenance person. The home owner carried out some of the repair work and there was another person that staff could call on when they found repairs were needed. However, during our inspection we found many areas of the home in need of maintenance work.

We recommend that the service review the deployment of staff between different shifts to ensure that there are sufficient staff to care for people over a 24 hour period.

People and relatives told us Elizabeth House was a safe place to live. One relative said "I've no concerns at all." Policies for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. Staff understood how to keep people in their care safe and how to report, when necessary, any concerns they had.

The recruitment process was carried out correctly. Employment checks were made before staff started work at the service. These included references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Fire safety procedures were in place to protect people from the risk of fire. These included regular checks of the fire alarm and emergency lighting. Fire extinguishers and the fire alarm had all been serviced recently and the fire exits were clear at the time of our inspection. Staff had received training in fire safety. Fire drills were carried out every few months. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency. There was a 'grab' bag, which contained a torch, batteries, hammer and people's fire risk assessments, which was easily available for the fire service in the event of an emergency. The service had a 'business continuity plan' to follow if there was a major disruption to the service, such as a power failure or loss of heating.

The home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Doors to the kitchen, laundry and the room where hazardous cleaning materials were stored (COSHH) were kept locked to prevent people from entering and harming themselves. Records we checked showed that equipment, such as hoists and the passenger lift and utilities, such as gas and electricity, had been serviced and were in working order and safe to use.

There were systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and hand washing posters showing the correct hand washing method were displayed. Most staff had completed infection control training. However, the annual hand-hygiene audit, which checks that staff know how to wash their hands correctly, was out of date. The registered manager immediately arranged for this to be carried out. Personal protective equipment, such as disposable aprons and gloves was used by staff, for example, while carrying out personal care and serving food. The home had a four-star food hygiene rating from its inspection in January 2018.

Medicines were managed safely. Medicines were stored in a locked trolley, inside a locked treatment room. The temperature of the treatment room and medicine fridge were checked daily to ensure that medicines were stored at the correct temperature and our observations of the temperature recording sheet confirmed this. The registered manager had recently compiled a list of medicines that were frequently used within the home, their indication for use and common side effects. This was displayed on the treatment room notice board where it could be seen by all staff administering medicines.

We watched a staff member administer medicines safely. They stayed with the person to ensure the medication was taken correctly and signed the medicines administration records (MARs) to confirm this. MARs contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. The appropriate documentation was in place for people who received medicines 'when required', such as pain relief. A sample of the MARs we checked showed that people had received their medicines as prescribed.

Risk to people's health and safety had been assessed, such as risks from falling, or choking and where necessary measures put in place to keep them safe. Some people were at risk of pressure ulcers because their mobility was limited. Staff monitored their mobility and recorded any change of position on a pressure relief chart. From looking at the charts we found it was not always easy to understand what had been recorded, which meant it was difficult to see if that person had changed their position. We discussed this with the registered manager. She devised a different pressure relief chart that was more comprehensive and easy to use.

Good

Is the service effective?

Our findings

We looked at the training and supervision of staff. All new staff undertook a thorough induction programme, which included practical training and shadowing experienced members of the staff. This ensured new starters had a good basic understanding of their role before they could work unsupervised.

Staff had received training in a range of topics including, health and safety, fire and safety, first aid, moving and handling, infection control and safeguarding adults. Training was provided face-to-face and staff then completed a workbook to test their knowledge of the subject. All staff who administered medicines had been trained and their competency checked to ensure they were safe to give people their medicines. From looking at the personnel files we saw that staff had received supervision two or three times a year. Supervision meetings provide staff with an opportunity to discuss their training needs and progress and to receive feedback about the quality of their work.

We checked if the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Care files contained records of people's consent to care and treatment. When people were unable to provide consent, decisions were made in people's best interest in line with the principles of the MCA. For example, we saw information about a best interest meeting that had been held when a person refused to take their medicines and they needed to be given 'covertly'; that is hidden in food.

Staff helped people make decisions for themselves where they were able, for example by talking slowly to them and by being patient for an answer. We saw that staff respected people's decisions. For example, one person had chosen to have very little furniture in their bedroom. We saw notes in another person's care plan which said, "staff may at times feel (name) is making the wrong decision, but they are to support them unless it affects their health or wellbeing." We observed that staff always asked people for their consent before providing any support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed relevant DoLS applications had been submitted to the local authority for authorisation.

People were supported to eat well. The registered manager was knowledgeable about what food made a balanced diet and was keen to ensure that people received meals that were home-cooked and appetising. We spoke with the cook who had a good understanding of what people liked to eat and any specific dietary requirements, such as pureed food for people with swallowing problems and fortified meals for people who needed added calories to help increase their weight. The service operated a two-weekly menu plan. People could have cereals, porridge and toast for breakfast. A cooked meal and dessert were offered twice a day

and plenty of snacks and hot and cold drinks were provided between meals. The kitchen had two large hatches which opened out onto the dining room. This meant people could easily request drinks from the kitchen staff at any time of day. During our inspection we saw that one person frequently asked for, and was given, milk shakes to help build up their weight.

We observed the lunchtime meal the first day of our inspection. Most people took their meal in the dining room. Tables were set with table cloths, a flower decoration, condiments and cutlery. However, we noticed that the placemats were faded and stained. The food looked hot and appetising with good sized portions. Staff kept a close eye on everyone and prompted and encouraged people who did not appear to be eating.

People had nutritional care plans, which identified their likes and dislikes and any specific instructions from dieticians. Food and fluid intake was monitored when required and documented. However, some of the entries made by staff were not complete as they did not record the amount of food eaten. We spoke to the registered manager about devising a different food chart so that it was easier to record the exact type and amount of food eaten.

People living at Elizabeth House had access to external healthcare professionals, such ascommunity nurses and GPs. This ensured their health and medical needs were reviewed regularly. We saw, for example, that a person had recently been referred to the community nursing service because staff had identified that they were at risk of developing a pressure ulcer.

During our inspection we looked around the home to see how it had been adapted for the people living there. Some measures had been taken to make the environment 'dementia-friendly'. These included pictures and words on signs for the communal rooms, bathrooms, showers and toilets. The home normally had a picture menu board. However, this had recently broken and was waiting to be mended. The registered manager told us that they were in the process of finalising plans to turn one of the three lounges into an activities room.

Good

Is the service caring?

Our findings

We received positive and complimentary comments about they way people were cared for at Elizabeth House. We read one recent 'thank you' card which said, "From the day (name) became a resident, she was cared for with love, kindness, compassion and dignity, as all the residents are." Another card said, "Thank you for all the care you gave to our mum. We are so pleased that she was with such caring staff who treated her like their own." A person who used the service told us, "The staff are good to us. It's a lovely home." A relative said, "She's very happy there."

A staff member told us, "I love my job. It's rewarding." Although staff were busy, they made time to stop and talk with people as they were passing by and enquire after their well-being. Throughout our inspection we observed staff interacting with people in a caring and kind way. For example, we heard a care assistant ask someone if they were warm enough or if they needed a blanket. Staff were thoughtful and attentive to people's needs. For example, we heard one care assistant ask someone if they would like a chocolate bar for an afternoon treat. Staff used touch in an appropriate way, for example, resting a hand on someone's shoulder or arm when they needed comforting.

People looked cared for and everyone was appropriately dressed. Staff paid attention to people's personal care. There was a notice in the downstairs bathroom area which reminded staff to support people's hygiene needs when they assisted them to the toilet. It listed things staff should do to ensure people's needs were met. These included checking that people's hands, nails and face were clean, hair brushed, clothes, shoes and slippers clean and if they wanted deodorant, perfume or makeup. This showed the service understood the importance of helping people to care for their appearance and personal hygiene.

People's dignity and privacy was respected. Staff we spoke with were able to give examples of how they promoted dignity and privacy when caring for people, such as knocking on doors before entering their bedrooms. Staff helped people to be as independent as possible and this was reflected in their care plans. For example, one person had problems with their sight. Their care plan for personal care stated that staff should assist them by collecting their toiletries together and filling a bowl for them so that they could wash themselves. We saw staff linked arms with people as they walked so that they guided them at the same time as encouraging them to maintain their mobility. One care assistant told us, "It's about giving them their independence, but being there for them."

Staff respected people's religious and cultural needs. A priest from a local church visited every two weeks and held a service in the dining room for those people who wanted to continue practicing their Christian faith. The registered manager showed us a file she had put together with information about different faiths and their associated customs and practices. This was available for staff to refer to.

Confidential information, such as people's care files was stored in the office to protect people's privacy. Staff were not allowed to use mobile phones for personal use while on duty at the home.

Good

Is the service responsive?

Our findings

We looked at the care records of three people living at Elizabeth House. Prior to providing any support, the service undertook a detailed assessment to determine if it could meet the person's needs. The assessment was carried out either at the person's home or in hospital and information gathered was used to develop care plans and risk assessments. The service used the Alzheimer's Society 'This is me' form to record personal details about people living at the home. The form enabled staff to record details about a person's cultural and family background, events, people and places from their lives and their preferences and routines and was used to develop their care plans.

Each person had detailed care plans which described how they should be supported and cared for. For example, one person had care plans for their physical health, behaviour, personal preferences, medicines, diet and mobility. Where people were assisted to move by a hoist, their mobility care plan contained details about the type of hoist sling to be used and the exact straps to secure the sling to the hoist. This meant staff had the correct guidance to move the person safely. Care plans were reviewed regularly and amended when people's needs changed. People told us they were always kept informed if there were any changes to their relative's health and were involved with care reviews.

The service had completed the 'Six Steps to Success – Northwest end of life care programme for care homes'. This training helps to provide staff with the skills to meet the physical, emotional and spiritual needs of the dying person and their family.

The service ensured there was good communication between staff by having a 'handover' at the beginning of each shift. Handover meetings informed staff about any changes to people's health and well-being. They also used a 'communication book' for staff to leave messages about specific tasks that needed completing. For example, we saw one care assistant had written 'check mark on (name) leg'. There was an action written next to the request to show that it had been completed.

The service did not employ anyone specifically to organise activities. It was the responsibility of all care staff to suggest ideas and encourage people to join in different activities. There was a 'daily activities' plan, although we were told this could change depending on people's preferences. Planned activities included arts and crafts, bingo, quiz time, reminiscence and trips out to the local park or into the town centre. On both days of our inspection we saw people taking part in arm-chair exercises which they seemed to enjoy. Some people were content to occupy their own time by reading or doing puzzles. One person spent time colouring and another person folded newly laundered clothes. Throughout our inspection staff encouraged people to try different activities. For example, we overheard one care assistant say to a gentleman, "Would you like to watch a film or would you like a game of cards?"

The service had an up-to-date complaints policy and people we spoke with knew how to make a complaint. However, there not had been any recent complaints.

Requires Improvement

Is the service well-led?

Our findings

Elizabeth House had recently appointed a new registered manager. She had previously been the home's deputy manager and had worked at the service for 16 years in various roles. She was supported in her new post by the previous registered manager. 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. Although the registered manager was new to her post, she was knowledgeable, enthusiastic and committed to providing a good service.

The registered manager carried out monthly quality assurance audits. These included checks on care records, such as MARs and care plans. Health and safety and environmental cleanliness checklists were also completed each month. We noted that a health and safety check carried out in July 2018 had identified that the back yard needed tidying. However, during our inspection we found the yard contained planks of wood which were a safety hazard. We found many areas of the home where maintenance was required.

We identified some concerns around staffing levels, particularly the number of care staff who worked during the night shift. The registered manager told us they were trying to recruit new care staff, and that they were careful to ensure that people they employed had the right experience, knowledge and qualifications for the job.

Records we reviewed showed that the service held meetings for staff and for people who used the service. Minutes from recent meetings for people who used the service showed topics discussed included activities, meals, plans for the redecoration of bedrooms and concerns about the lack of shelter for people going outside to smoke. A wooden shelter had recently been built in response.

Feedback about the service had been gathered through a stakeholder and relative's survey. A sample of the surveys was positive about the quality of care provided and the attitude of staff. Comments we read included, "Very courteous and helpful"; "Everyone is very helpful"; "I think she is well looked after"; "Staff work well to assist people's needs" and "Staff are very knowledgeable."

The registered manager had met their regulatory responsibilities. They had sent us notifications about significant events at the service, such as accidents/incidents and deaths. This enabled us to see that the correct action had been taken to maintain people's safety. They had also displayed the latest CQC inspection rating in a prominent place. This meant people visiting the service had been informed of our judgement.

The service had up to date policies and procedures in place to guide staff on their conduct and practice. The provider was in the process of writing a new brochure for the home. In the interim the registered manager had written a brief one page summary about the home that was available for people/families interested in the facilities the home offered.

This service cannot be judged as good in the well-led domain because we have identified a breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to adequately maintain the premises.