

Shirley Old Peoples Welfare Committee

Elizabeth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 January 2018 and was unannounced.

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elizabeth House accommodates a maximum of 20 people who require personal care in one building across two floors. 18 older people lived at the home at the time of this comprehensive inspection and some people lived with dementia.

At the last inspection in October 2015, the service was rated 'Good'. At this inspection, the rating had not been sustained and service is rated as requires improvement.

The service is required to have 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 and associated Regulations about how the service is run. At the time of our visit the registered manager had been in post for six years.

The registered manager told us they had faced challenges in the previous year because members of the senior staff team had been absent from work. This meant that not all staff training had been delivered as planned and staff had limited opportunities for supervision. They had plans in place to demonstrate how they kept themselves up to date with best practice and demonstrated their compliance with regulation.

Some on-going training staff required to meet people's needs had not taken place and some training was not up to date. Plans were in place to make improvements to ensure staff had the knowledge they needed to deliver safe and effective care. Despite some staff not completing mental capacity training they demonstrated they understood the principles of the legislation to protect people's rights.

The registered manager demonstrated a good understanding of the MCA legislation. New staff had received effective support when they had started work at the home. The staff team also had some opportunities to complete additional qualifications, such as social care diplomas.

Individual meetings with staff to discuss their role, competency and to identify how to further develop their skills had not taken place in-line with the provider's procedures. Plans were in place to make improvements.

It is a legal requirement for providers to display CQC ratings on their website. Prior to our visit we identified this had not happened. Also, some information on their website was incorrect. Following our visit we checked and found action had been taken to resolve this issue.

The registered manager had some knowledge of the Equality Act 2010 and explained how they needed to support people who may have diverse needs.

People told us they felt safe living at Elizabeth House. There were enough staff to keep people safe and respond to their needs in a timely way.

Procedures were in place to protect people from harm. Staff had received safeguarding adults training and knew to follow procedures to keep people safe. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Staff were knowledgeable about the risks associated with people's care. Risk assessments were in place and detailed the support people needed to reduce and manage the risks. A system to monitor accidents and incident that happened in the home was in place.

There were processes to keep people safe in the event of an emergency such as a fire. Regular checks of the building and equipment took place to make sure they were safe to use.

People's needs were met by the design and decoration of the home. The home was clean and well maintained and care workers assured us they understood their responsibilities in relation to health and safety infection control.

People received their medicines as prescribed. Medicines were securely stored and staff were trained to administer them; their competence to do this safely was assessed regularly.

People provided positive feedback about the food and dining experiences. Staff had a good understanding of people's nutritional needs. People received effective care, support and treatment from health professionals.

People and their relatives told us the staff were kind and caring. Staff enjoyed working at the home and knew the people they cared for well. People were treated with dignity and respect and people were supported to be independent.

People were involved in the planning and review of their care. Care plans detailed people's individual preferences which supported staff to provide personalised care.

People chose to take part in a variety of social activities to occupy their time which they enjoyed. People knew how to make a complaint and felt comfortable doing so.

People and their relatives spoke positively about the registered manager and the leadership of the home. Staff felt supported by the management team.

There were systems in place to monitor and review the quality of the home. People and their family members were encouraged to put forward their suggestions and views about the service they received and the running of the home. Annual quality questionnaires were sent out to gather people's views on the service they received.

The registered manager had an understanding of which notifications they were required to send to us so we were able to monitor any changes or issues within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe. There were enough staff to keep people safe. Procedures were in place to protect people from harm and staff had received safeguarding adults training. The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Staff were knowledgeable about the risks associated with people's care. A system to monitor accidents and incidents was in place. The home was clean and well maintained and care workers assured us they understood their responsibilities in relation to infection control. People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always have opportunities to complete on-going training to meet people's needs. Staff had not had opportunities to meet with their managers to discuss their role, competency and to identify how to further develop their skills. The registered manager demonstrated a good understanding of the MCA legislation. People provided positive feedback about the food and dining experiences. Staff had a good understanding of people's nutritional needs. People received effective care, support and treatment from health professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring. Staff enjoyed working at the home and knew the people they cared for well. People were treated with dignity and respect and people were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Care plans detailed people's individual preferences which supported staff to provide personalised care. People chose to take part in a variety of social activities to occupy their time which they enjoyed. People knew how to make a complaint and felt comfortable doing so.

Is the service well-led?

The service was not consistently well-led.

The provider had not met the legal requirement to display the home's latest CQC rating on their website. Action had been taken to resolve this issue. The registered manager planned to further develop their understanding of best practice and legislation. People and their relatives spoke positively about the leadership of the home and staff felt supported. There were systems in place to monitor and review the quality of the home. People and their family members were encouraged to put forward their suggestions and views about the service they received and the running of the home.

Requires Improvement ●

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 unannounced comprehensive inspection took place on 5 January 2018. The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has relevant experience of this type of care service.

Before our visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also spoke to the local authority commissioning team. They informed us they had visited the home in June 2017 and had made some recommendations in line with best practice to benefit the people who lived at the home. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, this information did not consistently reflect the service we saw.

During our visit we spoke with five people who lived at the home. We spoke with four people's relatives and one visiting health professional.

We also spoke with the registered manager, one team leader, the cook, one house keeper, the activities coordinator and four care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We

looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

The atmosphere at Elizabeth House was calm and relaxed and people told us they felt safe. One person said, "Yes, I am safe. I have company all the time and someone to make sure I am ok." We saw people responded positively when approached by staff. This demonstrated people felt comfortable and confident with staff.

There were enough staff to keep people safe and respond to their needs in a timely way. One person told us, "There's always someone around to help me if I want them. If I ring my buzzer they are here in an instant." Relatives we spoke with shared this view point. One explained their relative had previously lived alone and had fallen on several occasions during the night time. They told us they were safe at Elizabeth house because staff members checked on them every hour to make sure they were okay.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. We found relevant checks had been completed before staff worked in the home. These checks included references and a Disclosure and Barring Service (DBS) check.

Staff were knowledgeable about the risks associated with people's care. Risk assessments were in place and detailed the support people needed to reduce and manage the risks. For example, one person was at risk of developing sore skin. To reduce this risk, staff members checked their skin daily. If they noticed any changes such as, redness they told us they would report it to the management team who would then contact the community district nursing team to support the person.

Procedures were in place to protect people from harm. Staff told us they had received safeguarding adults training and knew to follow procedures to safeguard people from abuse. The registered manager understood their responsibilities to keep people safe and to report concerns of a safeguarding nature to the local authority safeguarding team. Records we looked at showed no incidents of a safeguarding nature had occurred since our last inspection.

A system to monitor accidents and incidents that happened in the home was in place. We saw incidents were analysed monthly by the registered manager to identify patterns and trends to reduce the likelihood of reoccurrence.

During our last inspection we identified some people needed medicine on an 'as required basis' and protocols were not in place to inform staff when the medicines should be given. During this visit we checked and found protocols had been implemented and people had received their medicines as prescribed. One person said, "They (staff) give me my tablets twice a day. I take painkillers for my legs. I don't take many but always get them." Medicines were securely stored and staff were trained to administer them; their competence to do this safely was assessed regularly.

The home was clean and well maintained however, some disposal bins needed to be replaced with 'pedal bins' to ensure the risk of any cross infection was reduced. We discussed this with the registered manager who assured us they would do this. Our discussions with care workers assured us they understood their responsibilities in relation to health and safety and infection control.

There were processes to keep people safe in the event of an emergency such as a fire. The provider's fire procedure was on display which provided information for people and their visitors about what they should do. People also had personal fire evacuation plans and this meant staff and the emergency services knew what support people would require to evacuate the building safely.

Records looked at demonstrated regular checks of the building and equipment took place to make sure they were safe to use. For example, the emergency lighting and the fire extinguishers had been serviced in the six months prior to our visit.

Is the service effective?

Our findings

At our previous inspection in October 2015 we rated this key question as 'Good'. At this inspection we found this rating had not been sustained. This was because training the registered manager told us was planned had not taken place and some staff training that the provider considered essential was not up to date.

During our last inspection in October 2015 we identified some staff had not completed mental capacity training. The registered manager assured us this training was planned. However, during this visit we found the training had not taken place for all staff. Furthermore, some staff told us and records confirmed some on-going training to ensure staff updated and developed their knowledge and skills had not taken place. For example; refresher training in safe people handling had not been undertaken. This meant we were not assured staff had the knowledge they needed to deliver safe and effective care.

We discussed our concerns with the registered manager. They explained some staff training had not taken place because the staff member responsible for the co-ordination and delivery of training had been absent from work. They acknowledged improvement was required. They told us plans were in place to address this which included, a team leader completing a 'train the trainer' qualification to enable them to deliver safe people handling training in the home. The registered manager also confirmed training including mental capacity was planned to take place during January and February 2018.

The provider had submitted their PIR in October 2017 and informed us individual meetings with staff members had not taken place in line with their procedure because some members of the senior staff team responsible for undertaking these had been absent from work. We were assured a new system had been implemented to make sure this happened. However, staff told us they had not received regular opportunities to meet with their managers to discuss their role, performance and development needs. Despite this they assured us they felt confident to speak to a member of the management team if they needed support. The registered manager told us they had begun to meet with staff and they were in the process of implementing a recording system to make sure future planned meetings took place.

Despite omissions in staff training, people and their relatives told us they thought staff had the skills and experience they needed to support them effectively. One told us, "Most of the staff have worked here for years so they are very good at their job. You can see that." Another said, "Yes, they know what they are doing and there's always plenty of them."

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a good understanding of the MCA legislation and we saw where

people's care plans included restrictions on people's rights, choices or liberties, authorisations to the supervisory body had been submitted for approval. We saw capacity assessments had been completed. However, the assessment form did not clearly reflect what decisions people could make for themselves. We were concerned the lack of information could be confusing for staff. The registered manager acknowledged the assessment form was not 'fit for purpose' and assured us immediate action would be taken to address this.

Despite some staff not completing mental capacity training, overall, they demonstrated they understood the principles of the legislation to protect people's rights. One told us, "We can't presume people don't have capacity until it's proven otherwise." Throughout our visit we saw staff sought consent before providing assistance to people.

People's communication needs were assessed and guidance for staff explained how they needed to support people to understand information. For example, one person had impaired hearing but chose not to wear hearing aids. Staff were advised to speak clearly to the person and maintain eye contact whilst they were talking with them. During our visit we saw this happened.

New staff had received effective support when they had started work at the home. They told us they had completed an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

The staff team had opportunities to complete additional qualifications, such as social care diplomas. Some staff had also completed a training course in dementia via a local college to support them to meet the specific needs of some people who lived at the home. One staff member told us, "I have a real interest in mental health, the course made me understand the condition better which has helped me to provide better dementia care."

People we spoke with provided positive feedback about the food and dining experiences at the home. Comments included, "Yes its lovely the food here. Always very tasty and a lot of variety." And, "Yes, the food is always very nice here. You can have whatever you want really. If you don't fancy what's on, the cook will do something else. But it's always a good meal."

At lunchtime we saw people were shown 'plated up' meals so they could smell and see the food available, to help them decide what they would like to eat. Staff were attentive, and provided the support people required to enjoy their meals. All of the relatives that we spoke with were 'happy' or 'very happy' with the food and drinks provided and told us their relative had a choice of meals and plenty to eat and drink at all times.

Staff, including the cook had a good understanding of people's nutritional needs. Some people were at risk of losing weight and they were offered foods fortified with additional milk and butter to increase their calorie intake to maintain their health. Another person had a health condition which meant they were unable to eat certain foods. We saw alternative foods which the person enjoyed had been purchased.

We checked and found people's needs were met by the design and decoration of the home. For example, the garden area was accessible to people who used mobility aides. However, we saw directional signage to support people to move around the home was limited. We discussed this with the registered manager. They informed us they would add additional signage if people who lived at the home required it.

People received effective care, support and treatment from health professionals. One told us, "If I feel a bit unwell, the staff will ring the doctor and they come out. Our doctor is brilliant and the girls [staff] are very good at keeping an eye on us all." Another said, "Oh yes they [staff] will get the doctor if they need to." A local GP attended the home during our visit and they spoke positively regarding the communication between them and the staff who worked at the home. This further assured us staff worked in partnership with health professionals to support people.

Is the service caring?

Our findings

At this inspection we found the provider and staff provided the same level of caring support as at our last visit. The rating continues to be Good.

All of the people we spoke with told us the staff were kind and caring. A typical comment was, "The staff are really nice and helpful." Relatives shared this viewpoint and one told us, "The staff are very kind. They treat (person) with real fondness, you know It's plain to me that (person) is happy here and are very fond of the staff." Another told us, "I can't thank them enough for the difference they have made to (person's) life. And mine too. I have nothing but praise for them."

We spent time in communal areas of the home and we saw positive interactions took place between people and staff. For example, we saw care workers spent time chatting with people and it was clear they were interested in what people had to say. We also saw on several occasions staff sat next to people and held their hand and gave other people hugs which they responded positively to. A staff member commented, "Just giving someone a hug really shows we care, a hug can do wonders."

Staff told us they enjoyed working at the home because they enjoyed spending time with the people who lived there. Several staff had worked at the home for more than 10 years and one explained during that time they had built up meaningful relationships with people and their families. People we spoke with confirmed their friends and family were made welcome by the staff and visited whenever they wanted to. A relative told us, "I visit every day. Sometimes I have a meal. I can come whenever I want. There are no restrictions about people coming here any time of day or night and I am always made really welcome."

People told us they were involved in the planning and review of their care which meant improvement had been made in this area because last time people told us they had not been involved. A relative told us, "We have chats every six months or so with the registered manager. We go through the care plan." A keyworker system meant people were supported by a consistent named worker. Records showed people had opportunities to meet monthly with their keyworker to review their care plan.

We saw and people told us they were treated with dignity and respect. For example, staff addressed people by their preferred names and just before lunchtime we saw staff asked some people discreetly if they needed "a freshen up" so their conversations were not overheard by others.

The staff team supported people to be as independent as they wished to be. For example, at lunchtime people were encouraged to add condiments of their choice such as salt and pepper to their meals. We also saw on occasion's staff gently reminded people to use their walking sticks and hold onto hand rails whilst they walked around the home.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

Staff demonstrated they knew people well. For example, they knew one person enjoyed listening to Irish folk music and we heard this music was playing when we waked past their bedroom.

It was another person's birthday on the day of our visit. The cook had prepared a 'birthday buffet' for people to share to help the person celebrate and at tea time we saw people and staff sung happy birthday to the person. This made the person cry and they told us, "Wonderful, my tears are of joy."

Each person had their needs assessed before they moved into Elizabeth House. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans detailed people's individual preferences which supported staff to provide personalised care. A relative confirmed the staff at the home knew that their relation's appearance was important to them and staff supported the person in line with their wishes.

Staff told us communication in the home was good. Any changes in people's health or wellbeing were shared when new staff arrived for their shift. We attended a 'handover' meeting and the welfare of each person was discussed. A staff member told us 'handover' was important because it meant they could provide the care people needed.

People chose to take part in a variety of social activities to occupy their time which they enjoyed. One person said, "There are lots of things to do here. We have entertainers, we do play games sometimes or quizzes and people come to do music and movement. There are enough things to do." Another person told us, "I have my paper delivered every day. I like my paper every day."

During our last inspection people told us they would enjoy more varied social activities and days out. During this inspection the frequency of 'days out' had been increased. Some people had recently been to a local pub for a meal which they had enjoyed.

During our visit we saw people spent time watching films and taking part in a quiz. However, we did not see many tactile objects available for people to touch and feel. The activities coordinator assured us these were available for people who lived with dementia to reduce their anxieties. We were made aware that some people found comfort in cradling dolls which reduced their anxieties. ('Doll therapy' can be an effective way for a person with dementia to decrease their anxieties.) A relative explained having a doll had had a positive effect on their relation's well-being. They said, "They spend all day nursing it and loving it."

People knew how to make a complaint and felt comfortable doing so. During our last inspection we identified that not all complaints the home had received had been recorded. No complaints had been

received since our last inspection but the registered manger said, "We have learnt our lessons and if any complaints were received they would be recorded formally." A selection of thank you cards were also on display in the foyer area of the home. This assured us people were happy with the care they received.

The home did not support anyone who was in receipt of end of life care. People's care records included information about people's wishes and about what should happen at the end of their lives. This included consideration of funeral arrangements, where people were happy to discuss this.

Is the service well-led?

Our findings

At our previous inspection in October 2015 we rated this key question as 'Good'. At this inspection we found this rating had not been sustained and improvements were required.

The provider had not met the legal requirement to display the home's latest CQC rating on their website. Prior to our visit we checked the provider's website. We found the home's latest rating was not displayed and other information, for example the contact details for CQC were incorrect. We saw the home's rating was displayed within the home.

We discussed this with the registered manager who told us they and the provider was aware that the information on their website needed to be updated. We requested that immediate action was taken to resolve this issue. During the afternoon of our visit we were made aware this had been done. Following our visit we checked and found the information had been corrected and a link to the last published report was available.

The registered manager told us, "It had been a tough year." They explained they had faced challenges because senior members of the staff team for example those responsible for staff training and supervision, had been absent from work. This had resulted in staff not having opportunities to complete the training they needed and staff not having meetings to discuss their performance and development at work. To support the registered manager the provider had increased the frequency of their visits to the home. At the time of our visit the registered manager told us they were feeling positive because they felt 'things were back on track.'

We asked the registered manager how they kept their knowledge of best practice and legislation up to date. They told us they had recently attended a leadership course which had supported them with the management of staff who worked at the home. However, due to other work taking priority they had not been able attend registered manager's forums in the local area as they had planned. They told us attending the forums would be one of their priorities in the next six months to support them to share good practice and demonstrate their compliance with regulation.

We spoke with the registered manager about equality and diversity and how they ensured care was provided in line with the Equality Act 2010. An equality and diversity policy was in place and was accessible to the staff team. The registered manager had some knowledge of the Act and explained how they needed to support people who may have diverse needs.

The home was a registered charity run by a board of trustees. There was a clear management structure in place at the home. The registered manager had been in post for six years and had worked at the home for over 10 years. The registered manager was supported by a deputy manager, a training and compliance manager and team leaders.

People and their relatives spoke positively about the registered manager and the leadership of the home. A

relative told us, "The manager is very hands on and pops in and out most days. I couldn't find a bad thing to say, at all. It's very well run and a great place for my (relation) to live at this stage of their life."

Staff were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information. They felt supported by the management team and the home was managed and led effectively. One staff member told us, "Yes, I am supported. The manager is very approachable and does listen to us." Another said, "I do feel supported, there has been some management sickness which has had an impact but the managers are working hard to get everything sorted out."

There were systems in place to monitor and review the quality of the home. Records showed trustees visited the home on a regular basis to support the registered manager, speak with people and complete audits such as, people's care files and staff recruitment files. The board of trustees also met monthly to discuss different aspects of the home such as maintenance to drive forward continual improvement to benefit people. For example, redecoration of some areas of the home had recently been completed.

The management team also completed regular checks to identify any issues in the quality of the care provided. For example, monthly medication audits were completed and showed us no errors had occurred in the previous 12 months.

The home was also audited by external organisations. In July 2017 the local authority quality monitoring team had visited and they had made some recommendations to improve the service people received. The registered manager assured us the recommendations were being actioned but acknowledged progress had been slow.

The registered manager told us they had a 'hands on' approach and operated an 'open door' policy. We saw they spent time sitting and talking with people during our visit. This approach ensured they had an overview of how staff were providing care to people.

People and their family members were encouraged to put forward their suggestions and views about the service they received and the running of the home. One person said, "Oh yes, they (staff) talk to us and we have a meeting about what we think about the home. If I wasn't happy with something though I'd say so." We looked at minutes from recent resident and family meetings and saw action had been taken in response to the suggestions people made such as fresh fruit being available as an alternative to biscuits.

The home worked in partnership and shared information with key organisations such as, GPs and District nurses to ensure people received joined-up care which met their needs. Some links with the local community had been formed which included local schools. A 'Friends of Elizabeth House' group supported the home to fundraise for activities and resources. They had supported the home to arrange a garden party in the summer of 2017 which had raised over £4000.

Annual quality questionnaires were sent out to gather people's views on the service they received. Completed questionnaires were analysed to assess if action was required to make improvements. In July 2017 we saw questionnaire had been sent to people and their families and nine responses had been received. No action was required and we saw people were 'happy' or 'very happy' with leadership of the home.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They

understood the importance of us receiving these promptly so we were able to monitor the information about the home.