

Shirley Old Peoples Welfare Committee Elizabeth House

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 

Overall summary

We carried out this inspection on 12 October 2015. The inspection was unannounced. .

The service is registered for up to 20 people and offers accommodation for people who require nursing or personal care. At the time of our inspection there were 18 people living at the service including one person staying there temporarily on respite care.

A requirement of the service's registration is that they have 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. A registered manager was in post and had been for three years.

Support was provided that met people's needs and there were enough staff to care for people safely. People's health and social care needs were reviewed regularly.

Summary of findings

Staff referred to other health professionals when needed, so people were supported to maintain their health and wellbeing. Risk assessments were completed and plans minimised risks associated with people's care.

People told us they felt safe living at the service. Staff knew how to safeguard people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured people received their medicines as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). No one at the service had a DoLs authorised.

Staff had training to do their jobs effectively in order to meet people's care and support needs. Staff were encouraged to continue to develop their skills in health and social care. Staff told us they felt supported by the management team to carry out their roles effectively.

People's nutritional needs were met and special dietary needs were catered for. People took part in some organised activities and told us there was enough for them to do.

People told us they liked living at the service and that staff were kind and caring. People were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect when supporting them and encouraged people to be independent. Relatives were encouraged to be involved in supporting their family members.

People were positive about the management team and the running of the service. The registered manager was responsive to people's feedback in developing the service, and making continued improvements. Systems and checks made sure the environment was safe and that people received the care and support they needed. People knew how to complain if they wished to, and these were addressed to people's satisfaction.

Summary of findings

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.

People told us they felt safe living at Elizabeth House. Staff were confident in how to safeguard people from abuse and actions to take if they had any concerns. Risk assessments reflected the risks to people's health and wellbeing, and were managed to minimise these. Medicines were stored safely and people received these as prescribed. Staff were available at the times that people needed them and recruitment checks reduced the risk of unsuitable staff being employed at the home.

Good



Is the service effective?

The service was effective.

Staff received training and understood how to meet people's needs. Staff had an understanding of MCA and DoLS and provided suitable support to enable people to make decisions. People enjoyed the meals and special dietary needs were catered for. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People were encouraged to be as independent as possible and care was provided ensuring dignity and respect. People told us staff were caring in their approach. People were involved in decisions about the care they received and staff encouraged relatives to be involved in their family member's care.

Good



Is the service responsive?

The service was responsive.

People received person centred care and staff knew their individual needs and preferences. People took part in some organised activities and felt there was enough to keep them occupied. People knew how to raise complaints, and they were addressed by the registered manager to people's satisfaction.

Good



Is the service well-led?

The service was well led.

People were positive about the management of the home. People and staff told us the registered manager was approachable and issues raised were addressed. Systems ensured the environment was safe and the care provided was effective. Staff felt supported by the registered manager who was responsive to new ideas to continue to make positive changes at the home.

Good



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.

The inspection took place on 12 October 2015 and was unannounced. The inspection team comprised of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team who made us aware they had visited in July 2015. We reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an

important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

We asked the provider to complete a Provider Information Return (PIR). This 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. We received this information prior to our visit and this reflected the service we saw.

We spoke with four people who lived at the service, three relatives and two professionals. We spoke with seven staff including the registered manager, care staff, the laundry person/activities co-ordinator and the cook. We also spoke with the committee of trustees who were meeting at the home on the day of our visit. We looked at three care records, and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, “Yes it is safe, there is someone about nearly all the time.” Another person told us, “Yes I feel safe, the carers know what they are doing, at night they leave my door open and I like that.” One healthcare professional told us, “I have no concerns about anything, I would have my family in here.”

Prior to staff starting at the home, the provider checked their suitability to work with people who lived there. The registered manager told us recruitment of staff was based on values and attitude, not just experience. One staff member told us, “I had my interview, then two weeks induction, I was shown what to do, they went slowly through it. They got references from my past employer and the home I had just left, then did my police check.” Staff we spoke with told us checks were completed before they were able to start work and we saw staff records reflected this. The registered manager told us they were now implementing an annual ‘disclaimer form’ for staff to confirm that their background information had not changed. The Care Certificate had not been implemented, however the registered manager told us this was planned. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the home.

Staff understood how to safeguard people they supported. Staff showed knowledge of different types of abuse and knew what action to take if they had any concerns. One staff member told us, “I’ve had safeguarding training and I know about keeping people safe, different types of abuse.” Another staff member told us, “You need to be aware about what is abuse, someone being neglected, left to be dehydrated or in pain.” Staff told us they would speak with the managers or team leaders if they had any concerns. One staff member told us, “I could raise it with CQC or social services but I am comfortable to raise issues with the manager.” We saw an incident which was a potential safeguarding and this had been reported to the local authority team. There was whistleblowing policy in place and staff were aware of this.

Assessments of risks associated with people’s care and support needs had been undertaken. Risk assessments

were updated monthly by senior staff or the registered manager as people’s care needs changed. We saw risk assessments for areas such as moving people and weight loss and these were up to date and reflected people’s current needs. Some people had identified risks around their skin care and we saw they had suitable equipment to support them. Staff knew about the risks to people in their care and how to minimise these to keep them safe.

We looked at whether staff were available at the times people needed. One person told us, “It’s good, you press your buzzer and they come.” Another person told us, “Yes, there is enough staff.” The registered manager told us four care staff worked in the day, three in the afternoon/evening and two at night. An additional staff member had recently been employed to work in the early evening, when they were busier. Bank staff (staff working as and when needed) were employed to cover any absences. The registered manager told us they used agency staff sometimes and tried to use consistent agency staff so they knew people at the home. There was one current staff vacancy for a team leader. Staff were available to support people when they required this and the registered manager monitored this to ensure people’s needs continued to be met.

We looked at how people’s medicines were managed. One person told us, “I get my medicine when I should, they come with the insulin usually at breakfast time.” Another person told us, “I have my medicine on time.” One health professional told us, “All the medicines are locked away, controlled drugs are kept appropriately, the medication here is safe.” We saw staff supporting people to take their medicine discreetly and reassuring them if this was required. Only trained senior staff were able to administer medicine, most of which were kept in ‘blister packs’ which reduced the risk of administration errors.

Some people received medicine ‘as required’. One person told us, “I press the button and ask for a painkiller and they are there.” There were no protocols to explain when this should be given and why. However, most of the people who required this type of medicine were able to tell staff directly. A staff member told us one person ‘held their head’ when they were in pain and staff were aware of this sign. No one at the home self – medicated.

We saw medicine administration records were completed correctly. Medicines were dated when opened and stored securely and in line with manufacturer’s guidelines, then disposed of safely via a national pharmacy service.

Is the service safe?

Medicines were audited by the registered manager. The latest audit in October 2015, had identified that one staff member had crossed out an entry in the controlled drugs book and this should have been countersigned by a different staff member. This staff member had received further training in this by the registered manager. Medicines were managed safely, and people received their medicines when they should, from staff trained to do this.

Accidents and incidents were recorded and were up to date. One person told us they had fallen and injured their leg and we saw an accident form had been completed for this. Records were analysed by the registered manager to identify any trends or patterns to prevent further possible reoccurrences.

Emergency evacuation plans were contained within care records. These detailed people's needs such as support

required with mobility, so in an emergency people could be assisted to evacuate the building quickly and safely. Fire alarms had been tested in October 2015 and drills were carried out every other month and these were up to date. Staff knew how they would support people to safety in an emergency.

Checks were carried out to ensure the buildings and equipment were safe for people to use. Certificates for fire inspections, water temperatures, gas and other services had been completed and were up to date. A maintenance person was employed to undertake repairs. The registered manager maintained health and safety procedures at the home and had systems in place to protect people from harm.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, “The staff are good.” Another person told us, “I have found them all very good, more than I expected.” A professional told us, “This is one of the better homes, there is good communication, they know people well and call us appropriately.” Staff were supported when they first started working at the home, so they were aware of their roles and responsibilities. A staff handbook and job description were provided and staff shadowed other colleagues and observed senior staff. The induction process gave new staff the skills they needed to effectively meet people’s needs.

Staff received regular management support and one to one meetings were held annually. One staff member told us, “We have one to one meetings and there is an open door policy, [manager] also observes us sometimes.” Staff said that the registered manager was approachable and they could go to them whenever they needed any support. Supervisions were sometimes ‘observation supervisions’ where staff received direct feedback on their practice. For example, one staff member had been observed using a hoist to make sure they were doing this safely. Staff appraisals were carried out annually. Staff received opportunities to raise any issues or concerns they had with the management team.

Staff received training relevant to the health and social care needs of the people who lived at the home. The registered manager told us that mental capacity training was planned for all staff. A training schedule detailed training staff had received, and when this was next due. Training included moving and handling, medicines and safeguarding. One staff member told us, “I learned different ways of using the slide sheet in practice, such as encouraging people to lift their legs.” Another staff member had received training around dementia care and told us how they would support someone, “I would try to explain to the person, ask another member of staff to help them if they preferred, try to encourage them.” A ‘compliance training manager’ was in post and completed most of the staff training. Staff received regular training to enable them to develop their skills further and this supported them to carry out their roles.

A ‘handover’ meeting was held as each shift commenced, where information was passed onto staff about any

changes to people’s health or well-being. A staff member told us that information was written down at handover and they found this, “Useful.” We attended a handover and observed comprehensive information was discussed around people’s health and care needs. Communication between staff assisted them to provide effective care to people they supported.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff demonstrated they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. The registered manager told us several people at the home lacked capacity to make some complex decisions and we saw this was reflected on their care records with information about how best to support them. We saw most people were able to make decisions around their day to day care and support needs and had people to support them with more complex decisions. Further training was being arranged for staff in this area to improve their skills and knowledge.

No one at the home had a DoLS authorisation; however the registered manager was aware of the circumstances when this may have been required. We did not see anyone during our visit that DoLS may have been applicable to.

Consent was sought from people when providing them with care. One person told us, “Yes they ask my permission, is this alright.” Staff were aware of the importance of gaining consent from people before care or support was provided. On people’s care records we saw ‘DNA CPR’ forms (do not attempt resuscitation) and these were completed correctly.

People had a choice around their meals and were positive about the food provided. One person told us, “The food is excellent, I have something else if I don’t like it, we get a choice.” Another person told us, “The food is good, it’s nicely presented, a nice dining room, tablecloths and serviettes, which I like, not paper serviettes.” The cook asked people what they would like to eat the day before

Is the service effective?

and we saw alternatives were provided for people who wanted something different. We saw some people chose to eat meals in their rooms. Most people could eat independently however we saw care staff assisting one person to eat and another person to drink. The cook told us they purchased food people requested.

Drinks and snacks were available for people to help themselves to during the day. One person told us, "You get drinks at regular times, or I will ring down and they bring me one." We saw one person was having their fluid intake monitored and we saw staff were recording this clearly on their care record. We asked the registered manager what the target was for them to drink each day as this was not recorded, so it was unclear if the person had enough to drink. The registered manager was unclear why there was no target recorded and told us they would ensure this was recorded now.

Some people had additional dietary needs at the home in relation to their health or culture. The cook was able to tell us about these needs and ensured they were catered for. For example, one person had lost weight so the cook was

giving them a 'fortified diet'. Another person had gained weight and the cook was reducing their portion sizes to assist them with managing this. People were supported with their nutritional needs.

People were supported to access health professionals when required. One person told us, "Yes they get the doctor in when they should." One relative told us, "Yes if [person] is unwell they get the doctor in, they came in to give them some cream." One professional told us, "I visit each morning and if there is a problem with anyone, staff always come and ask, they are confident making decisions when support is required." However, we saw one person was at risk of weight loss and their care record said they would be referred to a speech and language therapist if they lost more weight. There was no information about referral to a dietician, who may have been able to assist this person further. We asked the registered manager about this and they were unclear why this had not been considered but told us they would do this now. We saw a district nurse and GP visiting people during the day. People were referred to chiropody and the optician when required. Staff told us they had support from their local GP practice, who visited people weekly.

Is the service caring?

Our findings

People were positive about the staff at Elizabeth House. One person told us, “The care staff are good and kind.” One professional told us, “Staff are very caring, like a big family.” A relative told us, “The staff are wonderful, nothing is too much trouble.”

Staff told us they enjoyed the company of the people at the home, one staff member told us, “You have a laugh and a joke.” The registered manager explained although staff were busier in the mornings, they had more time to chat with people in the afternoon, which they enjoyed.

Relatives were encouraged to be involved in their family member’s care and there were no restrictions on visiting times. A professional told us, “It’s a nice family orientated home, the girls get on with the families.” Relatives and friends could stay for meals if they wished and the registered manager told us many families did this, including for Christmas dinner. Relatives and friends were encouraged by staff to be involved in the lives of their family members.

The registered manager told us no one at the home currently used the services of an advocate however they had in the past and this was available to support people if required. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Staff encouraged people to maintain their independence; however staff supported people when this was required. One person told us, “I am not too wonderful walking, I’m

encouraged to walk, I might walk to the dining room, then use the chair to come back.” Then went on to say, “It makes you feel confident.” Another person told us, “I thought I’d be waited on hand and foot, you don’t get that and I’m pleased.” A staff member told us, “We say if you don’t use it, you’ll lose it and encourage people to do walk or do things themselves.” The registered manager told us they tried to support people with equipment to aid their independence further and a magnifier had been purchased for people to use to assist with reading.

People’s preferences were catered for where possible. For example, most people used the local GP surgery; however others chose to keep their existing GP when they moved to the home. Bedrooms were personalised and people were able to bring their own furniture if they wished to. We saw people’s rooms contained personal objects and were individualised. People were encouraged to make their rooms comfortable to suit their needs and preferences.

Staff treated people with dignity and respect. One person told us, “Yes staff are respectful, the manager demands that.” Another person told us, “They knock and wait before coming in.” One staff member told us, “You give people choice, explain everything to them, ensure privacy, shut doors when helping someone with personal care, talk with them in private.” The registered manager confirmed staff knocked on doors, closed doors, made sure any discussions were private in people’s bedrooms. During our visit, we saw one staff member assisting a person to eat their meal while standing over them. This was not respectful towards the person on this one occasion.

Is the service responsive?

Our findings

People we spoke with had positive views about how people's care and support needs were met. One relative told us, "Everything here is absolutely fine; there are no problems at all." One professional told us, "[Manager] knows everyone inside out."

Prior to admission to the home, people were assessed based on their level of independence and care needs. A history was obtained to ensure people could be supported how they wished to be. People were invited to spend a day at the home and then came on a trial period initially. A pack of information including policies about the home was provided to help people settle in further.

People were involved in care planning and reviews. One staff member told us, "When care is reviewed family members can come in." One relative told us, "[Manager] phones me if there is a problem." We saw family members had attended review meetings and we saw care plans were signed by people. However, one person told us, "I have not seen my care plan." Another relative explained, "There are not that many reviews but ongoing meetings, 'as and when'." The registered manager told us they were aware they could improve formal reviews for people and planned to do this. People were encouraged to be involved in planning and reviews of care and relatives were involved in reviews if people wanted this.

We saw care plans for areas such as mental health and nutrition. Care plans were reviewed monthly by staff and managers or when people's needs changed. A keyworker system ensured people were supported by a named worker and this provided consistency for them. The keyworker was responsible for ensuring the person's care records were up to date and completed additional checks. For example, one person told us their keyworker helped them sort out their wardrobe. Keyworkers ensured people were supported individually with any issues they had.

Staff we spoke with knew the people they cared for well and how to support their care needs. One staff member was able to tell us in detail about two people at the home. They knew what one person's facial expressions meant, all about their family history, that they disliked soap operas and that they hated to feel cold. They told us the other person could become very fretful about changes to routine, so they knew to reassure them at times of change. Staff

were currently completing 'life story books' with people and we saw these with photographs and memories of the person and their family detailed. This enabled staff to get to know the person they cared for so support provided would be more personalised. The registered manager explained that one person was Jewish and the home had previously contacted the local Rabbi to support the person.

Staff planned activities for people however there were some mixed views about these. One relative told us, "Yes there is enough to do, [person] likes to make things." Another relative told us, "Yes there is enough for people to do; there is a lot of choice, bingo, quizzes, art class." However one person told us, "The only highlight of the week is the quiz, I look forward to it." A staff member told us, "It would be nice to have a few more days out for people, if possible." We were told there had previously been trips to the German market at Christmas and a local garden centre. People's level of participation was documented on care records to enable staff to understand what people liked to do. There were activities arranged and people could choose to be involved in these or not as they preferred. Some one to one activities were held with people in their rooms such as sewing, as some people preferred not to join in with communal activities. The hairdresser visited weekly and one day was 'pamper day' when people could get their nails done. The registered manager told us a youth drama group had been involved with the home and we saw some art on the walls produced as a result of this. There were some activities for people to enjoy, however some people felt they would like more variety and would enjoy more days out.

A meeting involving people who lived at the home, was held every three months. One person told us, "Usually, I go to the residents meetings, they ask what we like or don't like." They went on to say, "You can always ask [manager], they are very good at sorting things out." During the meeting people were involved in discussions around activities and had the opportunity to offer any suggestions. The activities co-ordinator explained at the last meeting people had said they would like to go out more and this was being arranged now. Regular meetings gave people the opportunity to get together and formally discuss any issues they had.

Is the service responsive?

We saw several compliments displayed at the home. One said, 'She always said how happy she was at Elizabeth House.' Other compliments contained similar positive comments.

People were aware of how to make a complaint if they wished to. One person told us, "I've got no complaints, I would speak with [manager]." One relative told us, "No problems at all, I could make a complaint, staff are approachable." Within the complaints records we saw two complaints from 2013. However, a family member told us

about a recent complaint around a staffing issue, which had now been resolved. Another person told us, "I made a complaint about a girl that was rude to me, a while ago, she has gone now." Neither of these complaints had been recorded. We asked the registered manager about this and they told us most complaints were resolved verbally, so they had not recorded them. They told us they would now record all verbal complaints and the responses. People had the opportunity to raise any concerns, and the registered manager addressed these to their satisfaction.

Is the service well-led?

Our findings

We spoke with people and staff about the management of the home. One person told us, "It's a good home and I am exceptionally fussy." One relative told us about the home, "I am so impressed, I am over the moon, I cannot fault anything."

Staff told us they liked working at the home and that senior staff and the management team were approachable. One professional told us, "[Manager] supports staff and leads well." One staff member told us, "Yes all the managers are approachable; I would not have been here so long if I was unhappy." Staff meetings were held twice a year and staff told us they felt supported by the management team and had opportunities to formally meet and raise any issues they had. One staff member told us, "The next meeting is due at the end of the month, it's all about our input, what we could improve." Staff 'appraisal' meetings were held annually and these gave the staff member and registered manager an opportunity to review the person's work over the past year with them.

The registered manager told us the local authority commissioning team had visited in July 2015 and identified that one to one meetings could be held with staff more often. They told us they were addressing this now and planning to arrange them more frequently.

The home was run as a charity with trustees and on the day of our visit they were holding their monthly meeting at the home. All the trustees had previously had family members living at the home. One of the trustees told us, "We support the home the best we can." They told us they worked to raise the profile of the home and provide some monitoring of care. Another trustee told us, "One of us is always present on a Wednesday at the entertainment." This enabled them to be actively involved and available for people to talk with them if they needed to. The registered manager told us the committee members visited the home regularly to offer support. Systems were in place to enable the management team to support people and staff effectively.

A 'Friends of Elizabeth House' group supported the home by fundraising for extra activities and resources. They had

developed the garden with raised beds and to be more wheelchair friendly for people. One trustee told us work had been undertaken recently refurbishing the rooms with new sink units and carpets.

The management team consisted of the registered manager, a compliance training manager and two team leaders. There was a vacancy for one team leader. The registered manager had been in post for three years but had worked at the home for around 11 years. The registered manager told us they were committed to the continual improvement of the home and the care people received. They told us that, "Keeping up to date with paperwork is a challenge," and this has been more difficult recently with one vacant team leader post. They told us storage could be another challenge and we saw some equipment for moving people was kept in communal areas.

The registered manager told us they were most proud of, "The staff, they are a very caring group, they have fun with resident's and always want to help." They went on to say, "We have a good bunch of relatives here." A relative told us, "On the whole this is what we wanted, a home that is friendly and homely." The registered manager encouraged people to be involved in the running of the home. We saw a welcome pack when people first came to the home explaining their 'charter of rights', 'their right to individuality' and that they would be treated with dignity and respect. We saw that staff supported people in this way.

The registered manager encouraged feedback from people and relatives. We saw a survey completed by relatives in March 2015, and some comments were, "Caring comes first" and "Nice food." We saw most relatives said they were 'happy' in the responses. The registered manager had not analysed the results of the survey and told us they were waiting to gain further feedback from people who lived at the home before doing this. The registered manager listened to people's views and suggestions and acted on these where possible.

Monthly manager's audits had been undertaken and were up to date. We saw audits included monthly checks of people's care records, staff files, the environment, such as room checks and equipment. Any action taken was documented and feedback was provided to the trustees of the home following this.

Is the service well-led?

The registered manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the home. We

had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.