

Elizabeth House Rest Home Limited

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 ●

Summary of findings

Overall summary

About the service

Elizabeth House is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

Elizabeth House is situated on a residential estate close to local countryside. The home had bedrooms across two floors and the upstairs rooms could be accessed via stair lift. People had access to a large lounge area and a smaller lounge, as well as a secure courtyard garden. A high proportion of people at Elizabeth House were living with dementia and the home was currently being refurbished in a dementia friendly way.

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

People received their medicine as prescribed and additional checks were in place to ensure this happened. People were safeguarded from harm by staff who knew how to recognise and were confident to report any potential abuse. Risk assessments were completed, and action taken when a safety risk was observed.

People were supported by sufficient number of staff, who had been safely recruited. The service had good infection control measures in place and reviewed accidents and incidents to ensure lessons were learnt if something went wrong.

People's needs were assessed in line with best practice. Staff received relevant training and systems were in place to ensure new staff completed allocated courses. People were supported to maintain a balanced diet and had access healthcare services. The service worked with other agencies to support effective care and the building was adapted to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well treated, and staff had time to spend interacting with them. People were involved in decisions about their care and their right to refuse was respected. People's dignity and privacy was respected, and independence promoted where possible.

Care was personalised to meet people's individual needs and people's religious beliefs were supported. People's communication needs were assessed, and information was displayed in the home to ensure people had access to information about the service and what was happening. Personal relationships were supported, and people had access to a complaint's procedure, in case they were not happy about any aspect of their care. End of life care was delivered with the support of external professionals and in-house training was planned.

Quality monitoring systems were in place and staff commented on the positive improvements that had been

made since our last inspection. The service was aware of and acted upon their duty of candour. People and staff were given the opportunity to feedback on the service and plans were in place to improve the service further. The service worked in partnership with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Elizabeth House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered they, alongside the provider, would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the deputy manager, senior care staff, care staff and the chef. We also spoke with a visiting health professional.

Due to the high numbers of people living in the home with dementia, we spend time observing people's interactions with the staff team.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, and health and safety reports were reviewed.

After the inspection

We spoke with the manager and the quality lead for the service as they were not present on the day we visited the property. We made contact with the fire brigade and sought further clarification to validate the evidence found. We also looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to ensure people received their medicine as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their medicine as prescribed. Medicine administration records (MAR) were accurate, and we saw no evidence of any missed doses. Once a medicine round was completed we observed another staff member double check the MAR to ensure everything had been given.
- Care plans provided staff with instructions on what people were prescribed and why. As well as the support people needed to take their medicine.
- Protocols for medicine prescribed on a 'as required' basis, were detailed. They also prompted staff to record the medicine's effectiveness after it had been given. For example, whether pain relief medicine had reduced the pain the person was experiencing.
- The management team completed medicine audits. The audits looked at all aspects medicine management, including storage, ordering and controlled drug use. This ensured the expected standards were maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Elizabeth House. One person said, "I feel safe here and protected."
- Staff received training in recognising and reporting any potential abuse. One staff member told us, "People are safe here. I would whistle blow to management or go further, if I saw something that concerned me."

Assessing risk, safety monitoring and management

- Risks to people safety were assessed and strategies were in place to mitigate the risk of harm.
- High risk areas were made clear in people's care plans which ensured staff knew where they needed to be most diligent. For example, in preventing the development of pressure areas for a person with poor tissue viability.
- Day to day safety was monitored, and action taken when needed. On the day of inspection, we observed the heating system appeared to have ceased working. When we enquired we were advised the problem had already been noted that morning and maintenance people were on route to the home to assess the situation. We were later reassured the system had been repaired.

Staffing and recruitment

- People were supported by sufficient numbers of staff. We observed that staff had time to spend with people and ensure care was not rushed. One staff member confirmed the staffing levels were reviewed. They told us, "Staffing levels are changed to meet the needs of the people that live here."
- We followed up on an observation of one staff member supporting two people at lunch time to eat their meal. We were advised this was not normal practice and would have been due to mitigating circumstances.
- Staff were recruited following the application of robust recruitment procedures. Applicants had their background, qualifications and character assessed prior to a position being offered.

Preventing and controlling infection

- Good infection control measures were in place within the service.
- Staff had received training in understanding the risks of cross contamination and used personal protective equipment (PPE) when supporting people with personal care.
- Hand sanitiser was available for people and visitors to use.
- Regular cleaning audits were carried out and included areas such as, ensuring the shower heads were cleaned to mitigate the risk of legionella.

Learning lessons when things go wrong

- Accident and incident forms were reviewed by the management team and investigations were carried out.
- CCTV had been installed in communal areas and the corridors. The video footage was used to form part of the investigation in to any falls. This enabled the management team to see where the person was, and the level of supervision being received.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission and care plans were developed and updated as the team got to know someone better. One senior staff member told us, "Staff give me information about changes in people's needs. I check the information, get the right professionals in and update the care plan."
- Care plans contained assessment tools which were updated monthly. These enabled staff to monitor people's care and whether their needs were improving or deteriorating. For example, mobility, dependency and malnutrition.
- People's care plans contained information to ensure their oral care needs were being met.

Staff support: induction, training, skills and experience

- Staff received training to support them in their role.
- New staff were supported to complete a detailed induction and the care certificate was being adopted. The care certificate is a nationally recognised induction programme for staff working in social care.
- We looked at the training matrix and discussed with the manager how they ensured staff were completing the courses allocated to them. The manager told us they had recently altered the rota to ensure all staff were given time off rota to be able to complete the necessary work.

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

- People were supported to eat and drink enough throughout the day.
- People had a choice of meals and could request an alternative. One person told us, "The food is good. It's a set menu but if you don't like it they will give you something else."
- Most people ate their meal in the dining room but could have their meal in their bedroom if they wanted.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with others to support effective care. A visiting professional told us the service had contacted them for assistance when it became apparent the local pharmacies were unable to fulfil a new person's prescription. This demonstrated contingencies were explored, and the person was not left at risk.

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

- The building was undergoing major refurbishment at the time of inspection. The upstairs of the property was not being occupied as all rooms were being completely redecorated.
- Downstairs we could see that corridors had already been decorated and people's bedroom doors had been designed to look like front doors. They were all different colours which assisted people in recognising their own room.

- Some parts of the property were still awaiting attention however plans were in place to invest in these areas once the current work was completed.
- We discussed the layout of the main lounge with the management team as it appeared to be over crowded with chairs. When we observed staff using the hoist we became concerned the space to complete this task, was restricted. The management team advised that the layout had been discussed with other professionals to help mitigate the risk of falls. However the manager said they would revisit the layout to ensure staff had enough room to hoist people, without encroaching on other people's space.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Staff supported people to attend medical appointments when needed.
- Healthcare professionals were asked to visit the service if people became unwell. One person told us, "I was once unwell, and the staff arranged for an advanced practitioner to come and visit me."
- Care plans contained detailed information which supported staff to understand how to meet people's healthcare needs. For example, managing diabetes day to day and identifying signs a person maybe experiencing hyperglycaemia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principals of the MCA were met.
- DoLS applications were made to the local authority as required. On the day of inspection one person underwent a review with the relevant professionals.
- Restrictions on people were proportionate to their level of need. For example, people were free to leave the building but required staff to unlock the front door for them. This ensured those with advanced dementia could not exit the building undetected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by the staff team. At the last inspection it was reported the staff did not have enough time to spend with people. At this inspection we found that was no longer the case.
- We observed one person who had become distressed waiting for hospital transport. Staff worked together to see who they were most receptive to. All the staff who spoke to the person, did so in a manner that attempted to ease their anxiety and offer reassurance about what was happening.
- People were supported with their appearance and this was commended by one person who lived at the home.
- The service had received a number of compliments about the care provided. Comments included, 'The attitude of the staff is really caring'.

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

- People were involved in decisions about their care wherever possible.
- We reviewed care plans where people were reported to refuse care due to fluctuating mood which was linked to their dementia. The guidance in place respected the persons decision but offered staff different strategies to try. These included trying again later when the persons mood may have improved.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we found people's dignity was not always protected. At this inspection we found the staff worked to ensure dignity was maintained at all times.
- We were informed by a visiting professional of a major incident in the home the previous week, when an ambulance was required. The professional commended the home for managing the situation in a calm and discreet manner, preserving the dignity of those involved.
- People's care plans emphasised where independence should be promoted, and we saw examples of people doing things for themselves. For example, returning plates to the dining room after meal times.
- People's care files were kept secure. We did question whether the medicine records were being kept on the medicine trolley. We were advised they were only out when in use and locked inside the medicine trolley once completed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to their needs. Information that illustrated people's past history was included in their care plan. This ensured staff knew more about what people enjoyed, where they had worked, what talents they possessed and who was important to them.
- People were observed accessing dementia friendly items such as, empathy dolls. One person was observed to be more relaxed when provided with the empathy doll.
- People's protected characteristics were included in their care plan. For example, their race and religion.
- The service supported people's religious needs and each week a catholic nun visited. They offered communion and spoke to people of other faiths. The manager advised they were in the process of trying to arrange additional visits from a Church of England vicar.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of the accessible information standard.
- People's communication and sensory needs were assessed, and guidance was in place to inform staff on how to support each person.
- Information was displayed around the home to ensure people could be reminded of what was happening during the day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their relationships and families were made to feel welcome.
- Activities were arranged throughout the week and plans were in place to increase the number available.
- One person told us they really enjoyed celebrating people's birthday but were worried celebrations were not happening. We discussed this with the manager who confirmed celebrations would continue to happen.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. This was displayed in the home to remind people of what to do if they were not happy.
- We reviewed the complaints which had been received since the last inspection. For each complaint received we saw action had been taken to provide a resolution. For example, a leaking tap in someone's

bedroom was replaced.

End of life care and support

- People were supported with end of life care. However, staff told us, and the training matrix indicated they had not received training in end of life care. We followed this up with the manager. They told us, "In order to ensure that people are getting the correct end of life care we work closely with outside professionals such as cancer care nurses, Macmillan nurses and GP's to ensure the best possible outcome for the individual. A number of staff have experience from previous roles and we have training booked for the new year. We have ordered a training DVD which staff will access while awaiting this training."
- People's end of life wishes, were recorded in their care plan and it was clear who wanted assistance with life threatening illnesses and who did not.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to demonstrate effective quality monitoring systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The provider could demonstrate improvement and significant investment in the service since the last inspection. A new care plan system had been introduced and the building was undergoing a full refurbishment.
- Staffing levels were being calculated based on the people currently living in the service and medicine was being given as prescribed.
- Quality measures were in place and the service had an action plan of further improvements they wanted to make.

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

- We reviewed the quality monitoring systems in place and found all the key areas were covered. For example, health and safety checks, cleanliness, medicine and care planning.
- The provider employed a quality lead who worked alongside the manager to ensure checks were carried out and that action was taken to rectify any areas of concern.
- In the fire safety folder, we noted the fire brigade had previously visited and raised a number of concerns about the building. We followed this up and were advised work had been completed to ensure the building was broadly compliant. This issue was confirmed by the fire brigade who were continuing to have oversight of the service.
- Continuity plans were in place explaining the expected action should anything go wrong. For example, a power cut or adverse weather conditions.

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

- Staff told us there had been a lot of improvement at the service in the past year. The atmosphere was welcoming, and people were being kept safe and well.

- Staff told us they were happy and felt the culture in the organisation was positive. One staff member said, "The management don't bother you if you have done nothing wrong, but they will tell you when you have done things right. It's nice to feel valued." Another staff member told us, "It's a lot better now. The new manager is great. We get more opportunity and have more responsibility to do things, like meet with visiting professionals. This makes us feel more involved."

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

- The staff were aware and acted upon their duty of candour. One relative told us, "The communication is good, staff ring me if ever my [Relative] has a fall."

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

- People were asked to complete quality questionnaires and individual comment sheets about the quality of the service. Some people told us they have not seen any however we read over several which had been completed since the last inspection. Feedback ranged between good and excellent. Where suggested improvements were made these were acted upon. For example, the laundry system has been reviewed and changed.
- Staff attended team meetings and discussed issues within the home as well as meeting with the manager on a one to one basis for supervision. This ensured staff had avenues to exchange information and discuss both the services and their individual performance.

Working in partnership with others

- The provider worked in partnership with the local authority and various health professionals to ensure people received a joined-up care provision.