

Elizabeth House Rest Home Limited

# Elizabeth House

## Inspection report

Sandy Hill  
Werrington  
Stoke On Trent  
Staffordshire  
ST9 0ET

Tel: 01782304088

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elizabeth House is a residential care home providing personal care to up to 35 people. The service provides support to older people and people living with dementia in 1 adapted building. At the time of our inspection there were 20 people living in the home.

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

Infection prevention control measures, maintenance of the environment and storage of equipment were not effectively managed or maintained to ensure people lived in a safe environment. Governance and quality monitoring processes were not effective when monitoring the environment and risk management. The registered manager was registered with another care home under a different provider. We raised concerns this may impact on their time and ability to oversee both services effectively.

People spoke positively about the care they received, and relatives told us their family members were safe. Staff knew how to keep people safe and protect them from harm. People received their medicines safely, when needed, by staff trained in medicine management. Staff were recruited safely.

Staff told us they felt supported by the registered manager and attended regular meetings. The provider and staff worked in partnership with other health and social care agencies to promote people's health and well-being.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 September 2022).

### Why we inspected

The inspection was prompted in part due to concerns received about staff bringing their children into the home and leaving them unsupervised and we received concerns over staff recruitment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Whilst we did not find any concerns relating to children and recruitment, we did raise concerns over the general environment, infection prevention control practices and quality control monitoring.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We have identified breaches in relation to the maintenance of the environment, infection prevention control and storage of equipment and to the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors 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 nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Elizabeth House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people living in the home and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including care workers, senior staff, deputy manager, registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures and health and safety documents.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- The cleanliness and upkeep of the premises did not promote effective infection prevention control (IPC) practices and the provider could not be assured equipment was being stored safely.
- Areas in the home appeared tired, flooring had come away from the walls in bathrooms, wallpaper was torn in people's bedrooms and there was a broken panel in 1 bathroom.
- Cleaning monitoring and audits were not effective when monitoring the level of cleanliness. This meant the provider could not be assured action was taken when shortfalls were identified.
- Some areas of the home required deep cleaning. Staining was evidence on skirting boards, walls, doors, and light switches.
- Some people's bedrooms contained an ensuite. One person told us they did not have hot water in their bathroom. We tested the water for over 2 minutes and confirmed this did not reach a warm temperature. The provider told us it can take over 3 minutes to reach a warm temperature, due to the bedroom's location and pipe work. This meant people needed to wait long periods of time to wash their hands effectively.
- Relatives told us the home would benefit from re-decoration.
- Equipment was not always correctly stored. Trolleys were being stored in a corridor which partially blocked a fire exit. This meant in the event of fire people were at risk of being restricted from leaving the home safely.
- People used a shared bathroom, this was being used to store wheelchairs which breached IPC practices.
- A boiler room, which was unlocked, contained hot pipes which were uncovered. This meant people were at risk of potential scalds.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective infection prevention control (IPC) management and the safe storage of equipment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to all concerns raised in this inspection. A new maintenance company were due to start working with the provider. The provider repaired the hole in the bathroom panel, completed a deep clean and redecorated a bedroom. Equipment was relocated and stored correctly. They increased the domestic staff working hours and improved the IPC auditing system.

- Risks to people's health such as dietary needs and weight monitoring were assessed and monitored.
- Staff were able to describe people's needs and the action they would take to minimise any risks.

### Using medicines safely

- Medicines were not always administered safely.
- Where people required the administration of pain relief through patches, records did not demonstrate they were being rotated in line with manufacturer guidance. This meant people's medicines may not be effectively absorbed into their bodies. The registered manager responded immediately by improving systems to monitor safe patch application.
- People received their medicines in a dignified way and medicines were stored safely in line with manufacturer guidance.

### Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.
- There were enough staff on duty to ensure people were supported safely, including people who received 1:1 support. Staff responded to people quickly and spent time positively engaging with people. One person told us, "Staff come when needed. You don't have to wait long."
- Relatives told us there were enough staff on duty. One relative said, "There seems enough staff. You do not have to wait. You see the same staff all the time."

### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- Systems were in place to keep people safe from harm and people told us they felt safe living in the home.
- Relatives told us staff supported their family members safely. One relative told us, "[My family member] is safe due to care staff looking after them so well and keeping us well informed."
- Staff received safeguarding training and had access to relevant policies and guidance. Staff were confident about reporting safeguarding concerns.

### 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Assessments of people's mental capacity and best interest meetings took place to ensure decisions made were appropriate and least restrictive. This related to decisions concerning where a person should live and personal care.
- Staff empowered people to make their own decisions about their care and support. Relatives told us people could make their own decisions about daily living tasks and activities and we saw staff respecting people's choices.



### Learning lessons when things go wrong

- There was a culture of openness when things went wrong.
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as the falls teams.
- Incidents were reviewed in team meetings and lessons learnt were shared with the staff team.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality audits were taking place, although these lacked specific detail, and some had gaps in the recordings. For example, IPC quality audits did not specify which rooms were checked and some audits were not fully completed.
- Environmental audits had failed to address the concerns raised during this inspection. This meant that people were placed at potential risk of harm from their living environment.
- Call bell waiting times were not audited. This meant the provider could not be assured how long people waited before they received support.
- Care planning audits lacked specific detail and did not always identify out of date information. For example, 1 person with diabetes required their blood sugars to be monitored. However, there were times when their blood sugars exceeded the levels identified in the care plan. The registered manager explained the care plan needed updating to reflect the person's normal blood sugar levels. This had not been identified through the quality checking process.
- Quality monitoring processes had not always ensured risks to people were being identified and mitigated. For example, 1 person placed themselves and others at risk by choosing to mobilise by crawling on the floor. A risk assessment was not in place to address these risks and how these should be managed by staff.
- We raised concerns over the registered manager having responsibility for 2 services. This meant their time was split between the 2 services which may have impacted on the quality assurance concerns identified during this inspection. Relatives did not know the name of the registered manager, they identified a different member of staff as the registered manager. This meant the provider could not be assured relatives knew who retained overall governance of the service.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective governance and quality monitoring. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider informed us they had strengthened their quality assurance processes and introduced a new system to monitor call waiting times. All care documentation was updated and a risk assessment completed. The provider shared plans to recruit another manager to assist with the overall governance. We will review the success of these systems in the next inspection.

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

outcomes for people

- The culture was inclusive and empowering towards people. One person told us, "It's great here. They [staff] look after me fantastically." Another person told us they were experiencing a health concern and explained how the provider was supporting them to receive appropriate healthcare.
- Relatives told us that the home was welcoming. One relative said, "I think the home is well managed. The atmosphere is friendly, staff are always laughing and joking with [my family member]. They always have time for you and if there is a problem, they are straight on the phone."
- Staff told us the culture was open. One staff member told us incidents and accidents were shared within team meetings and handovers in order to learn from them.

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 provider apologised to relatives and people when things went wrong. One relative told us about a mistake the provider had made. They said, "They [the provider] was very apologetic and sorted it out. They [the provider] said at once it was an error."
- The registered manager was clear about their duty of candour. They told us it was their duty to be open and honest with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider shared their plans for improving the care and support provided to people. There were plans for renovation and a maintenance company were due to start working with the provider.
- Relatives told us they received questionnaires. One relative said, "I have had a questionnaire but have no complaints. I just feel that the place needs updating." Another relative told us, "They listen and take on board what you say. I wrote [my family member's] likes and dislikes down when they moved in, and they took them up."
- There were formal meetings for people and care staff to share their views and discuss issues, we saw examples of incidents raised and discussed in these meetings.

Working in partnership with others

- Records showed collaboration with numerous health and social care professionals, such as the falls teams, GP's, and occupational therapists.
- The provider engaged in local community and national social care groups to improve the care provided to people and keep up to date with changes in the social care sector.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Systems were either not in place or robust enough to demonstrate effective infection prevention control (IPC) management and the safe storage of equipment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate effective governance and quality monitoring.