

Key Healthcare (St Helens) Limited

Elizabeth Court

Inspection report

New Street
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St Helens
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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Elizabeth Court is a purpose built care home situated in a residential area of St Helens. It is registered to provide care and support to 44 people living with dementia.

This was an unannounced inspection carried out by an Adult Social Care inspector. During the inspection we spoke with eight people who lived at the service, seven members of staff, five visitors, the registered manager and the assistant manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service did not always make sure that people's capacity was determined and actions that meet best interests put into place. We saw that covert medicines (medicines that are hidden) were not managed in a manner that maintained people's rights. The service sent us information following the inspection that showed what actions they were taking to address this.

People told us they were well cared for. They looked relaxed and comfortable in the home and with the staff who supported him. Everyone we spoke with complimented and spoke highly of the staff who supported them. Comments included, "The staff are all kind." "They can't do enough for you".

People and their relatives told us that they had been included in planning and were in agreement with the care and support being provided. We saw that people had an individual plan which outlined some of the ways staff were to support individuals.

Staff we spoke with recognised the importance of knowing people's routines, so that people received personalised support.

Staff took the time to get to know people and supported them in undertaking activities. We saw a number of activities taking place during the inspection, including a party for the queen's birthday that was well attended.

The staff told us they were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident in reporting any concerns to management.

The service had completed training and an award in relation to end of life care. As a result they had undertaken a number of arrangements to assist bereaved families appropriately.

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 ●

People living in the service told us they felt safe with the staff who assisted them.

People were supported by staff who understood what to do to keep them safe.

People were given the medicines they were prescribed. Medicines were stored safely.

Risks to people's health safety and well-being were properly managed.

Is the service effective?

Requires Improvement ●

The service was effective.

Members of staff we spoke with had an understanding of how to obtain and act on people's consent. There was a limited understanding of the requirements of the Mental Capacity Act 2005 how to ensure the legal rights of people to make decisions were respected.

All staff were provided with training to meet the needs of people living in the service.

People were given support to remain independent.

People were well supported with their health care needs. Staff worked with GPs and healthcare professionals to ensure people had access to the relevant services.

Is the service caring?

Good ●

The service was caring.

It was clear in observations that staff overall had a good rapport with people living in the service.

People's rights to privacy and dignity were respected. There was a significant value placed on maintaining the dignity of people living in the service.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People told us they were happy with the care and support they received and their needs were met.

Is the service responsive?

Good ●

The service was responsive.

People told us they felt able to raise any concerns and felt that their opinions would be listened to.

People took part in a variety of social and therapeutic activities that they enjoyed.

Family members and friends played an important role and people spent time with them.

Is the service well-led?

Good ●

This service was well led.

There were some systems in place to monitor the quality of the service. We identified some gaps in these systems and these were immediately rectified after the inspection.

The registered manager and assistant manager were well respected by all staff and importantly by people living in the service.

People were supported to express their opinions about the service provided and to influence service delivery.

The provider had not notified us of all incidents that occurred. However this was rectified immediately at the inspection.

Elizabeth Court

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 inspection took place on 20 and 21 April 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service.

We spoke with St Helens Council who stated that they did not have any concerns in relation to the service. We received a Provider Information return (PIR) from the provider which outlined how the provider thought they were providing care and support to meet the regulations.

During our inspection we observed how the staff interacted with the people who lived in the service. We observed how people were supported throughout the day. We reviewed five care records, four staff recruitment records, staff training records and records relating to the management of the service such as audits, policies and procedures.

Some people who lived at the home were not able to make their views known about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not tell us their views.

During the inspection we spoke with eight people who lived at the service, seven members of staff, five visitors, the registered manager and the assistant manager

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "It's such a relief going home and knowing [name of person] is safe. I can't fault the staff, they really know what to do to make sure [name] comes to no harm".

People and their relatives told us they would be confident speaking to any member of the staff team, the registered manager or the assistant manager if they had any concerns. They all told us that they believed that any concerns they may have would be dealt with promptly.

We reviewed records for medicines and found that that good practice was in place. People received their medicines as they were prescribed. We saw areas of improvement such as the times that medicines were given. Some people were prescribed a medicine to be given before food and the service had received instructions from a local pharmacist that they were to "wake" people up in order to give them their medicine. In discussion with the staff and the assistant manager they explained that they did wake people up to give them their medicine on occasions however could not guarantee that they had not already received food. One medicine had instructions that stated that the person must be sat upright and given a full glass of water when taking the medicine. We reviewed records and spoke with staff, however there was no information that when people were given this medicine this is the actions that staff took. During the inspection the assistant manager advised that this would be made clear to staff in order to reduce any potential risks.

There was inconsistent information available to inform staff, when to give 'as needed medication' (PRN). We were able to review a policy regarding medicines administration, which stated how staff were to record the instructions guidance and monitoring of PRN medicines. The records viewed did not reflect the policy in place. Following the inspection the manager sent us information to show that they had developed and put into place instructions for PRN medicines and for variable dose medicines such as give one or two doses of the medicine.

It is recommended that the service updates its policies and procedures in line with the NICE guidelines [SC1] Managing medicines in care homes published March 2014.

We looked at how the registered provider managed risks to people living in the service. We saw that risk assessments were available in care records. We saw that staff provided supervision of people where it was needed to help to keep them safe. For example due to their health needs, some people had reduced mobility and were at risk of falling. We saw that staff provided appropriate support for those people, to help to keep them safe. There were risk assessments in place for peoples particular safety needs. These included moving and handling, mobility, falls and bed rails. These were completed and had all been reviewed on a monthly basis.

Staff spoken with told us they had completed training to support people's safely, recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. During

discussions staff members were able to detail what action they needed to take and how they would deal with any incidents of abuse. They all expressed confidence that management would react to any allegations of abuse.

We looked at how the service recruited staff safely. We saw that there were appropriate checks such as disclosure and Barring Scheme (DBS) (a check to determine if a person had a criminal record) were undertaken before any staff member started working in the service. The majority of staff had two references available, however there were two staff that did not. We reviewed the services policy on recruitment which stated that two references needed to be in place one of which needed to be from their last employer. The acting manager and administration assistant were confident that the relevant references had been obtained. An audit showed that all files had been checked and references had been obtained. During the inspection the acting manager and administration assistant put arrangements in place to assess the staff who did not have a copy of both references in their recruitment files. They also confirmed that they would make sure that all staff files contained the relevant recruitment records.

During our time in the service we saw that the staff provided the support people needed, when they required it. People and their relatives told us there was more than enough staff to provide the support they needed. The service made sure that there was sufficient staff to assist people in meeting their needs. Staff confirmed that they were confident that there was sufficient staff to meet the needs of people living in the service.

Staff spoken with demonstrated that they understood about their roles and responsibilities in relation to the prevention and control of infection. Personal protective equipment such as gloves and aprons were readily available throughout the building. The premises were clean and hygienic. We saw domestic staff carrying out their duties cleaning the environment.

We reviewed the arrangements for fire safety. We saw that risks of fire were assessed. However the fire risk assessment made no mention of smoking and the arrangements for people, visitors or staff to smoke. We were informed that none of the people living in the service smoked and the service was a no smoking service. We were also informed that people who smoked could come to live in the service as such the arrangements and risks associated with smoking needed to be reflected in the services risk assessment. Records reflected that fire alarms and fire extinguishers were tested on a routine basis and staff received appropriate training in fire safety.

Is the service effective?

Our findings

Everyone we spoke with told us that people were well cared for in this service and staff were aware of how to support them with their individual needs. People told us that they received the support they required to meet their needs. People detailed events such as going to family gatherings and accessing the community. Several people, their relatives and staff discussed social events such as Christmas and birthday parties and explained how enjoyable and valuable they had found these events.

Some of the people living in the service have their care managed under the Mental Capacity Act 2005. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that seven people received their medicines covertly. Covert medicines are where medicines are "hidden" in food or drink. We looked at how the service managed the giving of medicines in this form. There was in all cases a fax from the person's doctor agreeing that medicines could be given in this manner. However no records were available that the persons' lack of capacity to agree to taking medicines had been determined nor was there information that the medicines could be given in this manner in persons best interests. The least restrictive practice in accordance with the MCA is the practice that is the minimum needed in the person's best interests. In the case of covert medicines this would be the medicines which are essential and would not mean all medicines can be given covertly. Additionally there were no instructions in people's care records as to what actions staff were to take before giving medicines covertly.

In discussion with staff they explained that they have always gave the medicines covertly to seven people living in the service, as they believed that they had followed the right steps to do so. We reviewed the medicines policy which outlined that a best interests discussion needed to be in place before medicines could be given covertly. We confirmed with the assistant manager and registered manager that there were no records, regarding the persons capacity, best interests or the arrangements in place for the management of covert medicines. At our inspection staff ceased the practice of giving medicines covertly and commenced developing assessments and best interest's arrangements. The assistant manager showed us an updated policy and the arrangements that they were to immediately commence in order to meet the MCA and its associated guidelines.

The registered manager discussed their understanding of the Mental Capacity Act 2005 and its associated codes of practice. They had made appropriate referrals to social services using Deprivation of Liberty Safeguards (DoLS). Records were available as people who had to have safeguards in place due to their capacity needs.

We looked at care records and found that there were a lot of documents that the service did not need and one of the orders had an advocate listed who was no longer available. Following our inspection the assistant manager informed us that they had contacted the relevant services in order to make sure that the person received the support they needed.

The staff team were very aware of the importance of supporting people to eat and drink sufficient amounts. People told us they enjoyed their meals, they always received as much as they wanted and the meals were good. People were encouraged to have drinks on a regular basis. People they were not aware of what food choices were available at meal times. There was no information available for people that showed the meals available that day. In discussion staff explained that they showed people two meals and supported them to choose. We observed lunchtime and did not see staff demonstrate this. We saw one person given food without a discussion with the staff member stating, "I know you like this". We discussed this with the registered manager and assistant manager who spoke with staff regarding the best practice that would benefit people living in the service.

Where people required a special diet we saw that records and discussions with staff showed that this was accommodated. The care records we reviewed included a discussion with people around what their food likes and dislikes were. In discussion with the staff they told us a number of personal preferences that people living in the service had. We saw that written records were not updated with this information. As a result the majority of information was shared verbally by staff and written in a care plan or instructions within the kitchen. Without having clear written instructions staff knowledge could be lost and inconsistent practice can develop.

All the staff we spoke with told us they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed. We looked at staff training records. A variety of training was offered. The registered manager didn't record all the training provided to staff this included informal training undertaken.

We discussed with staff the arrangements in the service for supervision with their line manager. They told us they received supervision two to three times a year and they found this of benefit. A record of supervision was available within the service and this showed that staff received supervision and a yearly appraisal in accordance with the services policy in order to assist staff in developing their skills.

We looked around the building and saw that there was a variety of adaptations. We saw that on one floor of the service bedroom doors had been set up to look like people's front doors, giving a sense of home. The service had a "calm" room that included soft furnishings and restful lighting that could be used to help a person settle if they became anxious or upset.

There was also a "reminiscence" sweetshop that was set up to reflect an older shop. These included packages of products that people would be familiar with and also provided some essentials such as shampoo and toothpaste that people and their families could purchase. The registered manager informed us that no profits were made from the products sold in the shop with all funds returning to keep the shop in place. The shop was intended to be a reflection of life and to assist people in maintaining independence.

Is the service caring?

Our findings

People and their relatives we spoke with made many positive comments about the support provided by the service. Comments included "I could simply not ask for better care, they are absolutely faultless", "Staff are constantly discussing with me the care they provide and they let me know immediately of any changes" and "Since the moment [name of person] moved in here I've been so happy with the service they received, the staff are kind, loving and so efficient I absolutely can't fault them. The best care is given without thought they do it so well".

On entering the service the entrance hall contains information regarding choices for people and maintaining dignity and respect. There are a variety of noticeboards highlighting the main principles of maintaining dignity. The service has a dignity champion who is enthusiastic about the work they undertake and has received training in maintaining and developing dignity. We saw that staff were friendly, patient and discreet when they provided support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw staff laughing and joking with people and how people responded positively to this interaction. It was clear that people who lived in the service felt comfortable with staff and helpful, positive exchanges were observed frequently throughout the inspection. We saw that staff supported people with respect and did not become overfamiliar despite knowing the person well. We observed that people's personal care support was discreetly managed by staff so that people were treated in a dignified way.

Over lunchtime we saw interactions that could have been developed. We saw that four people were supported to eat by staff. There were minimal interactions between staff and the people. People were not informed of the food that they were eating. Conversations, when in place consisted of a series of instructions such as, "just another mouthful" and "can you eat this". We spoke with the assistant manager and a nurse who stated that staff were nervous as they were being observed at the inspection. The manager also spoke with staff and reminded them of the importance of having meaningful conversations with the people they supported regardless of who was in the dining area.

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure in the main offices on each floor of the service.

We saw that the staff were knowledgeable about the care people needed and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. People were encouraged to make choices and staff showed patience when waiting for a response. We observed staff using distraction techniques several times when one person became distressed.

People were involved in making decisions about their care and support. One person was not sure what a care plan was but told us that staff did speak with them about what care they needed and what they wanted.

Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. Staff knocked on people's doors and paused to listen for an invitation to 'come in' before going into people's bedrooms.

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them.

The service has undertaken the Gold Standard Framework (GSF). GSF is a system based on evidence approach designed to give the best care to people approaching the end of life. As a result of undertaking this framework staff had received training in end of life care and support. The service had developed extensive support mechanisms to make sure that they understood the wishes of people using the service, and where appropriate their relatives, when people were approaching the end of their life.. This included making sure that any advanced decisions the person wished to take were recorded and available to staff in order to make sure that staff followed the persons wishes.

Additionally the service had developed support for bereaved families. A book of condolences was available where people could record their wishes to loved ones. A space in the garden was set aside for families to spend time. The facility was available for all relatives of people who had ever lived in the service allowing them to maintain their memories of the people they loved.

Is the service responsive?

Our findings

People told us they were happy and they didn't need to complain. One person said, "I am happy here I would say if I wasn't." Relatives were extremely complimentary and said staff were, 'Brilliant' or 'Fantastic'. They told us they could talk with the assistant manager or the staff team at any time and issues would be dealt with.

One person told us about a complaint that they had made that was dealt with. They explained that at no time did they have any concerns regarding the staff and found them to be very caring and supportive, in particular the assistant manager. Overall they were satisfied with the way their complaint was eventually dealt with and were waiting for feedback from the registered manager regarding what actions they would take in the future.

We looked at the complaints records and found that there were limited investigations and did not include exploration of concerns we were aware of. As such the service did not have opportunities to learn and develop. Before the inspection was concluded the assistant manager set up a file that made sure the services policy and procedure on dealing with complaints was followed. They also informed us that they would request that all staff raised any concerns no matter how small directly with them in order that they could be captured and any learning taken forward.

All of the care records we looked at showed that people's needs were assessed before they had moved in. People and their relatives confirmed that they had been involved in the assessment process before they moved in. Care plans were reviewed at monthly intervals or when needs changed. Discussions with the staff showed they were aware of people's needs and how they would respond to changing support needs. We saw that care plans were extensive. Staff told us that they thought they were too long in some instances. The records we viewed were not person centred, but concentrated on tasks needing to be performed. Care plans were of varying quality throughout the service with some care records highlighting the individual needs of people and specifically how to meet them, whilst other records outlined the tasks that need to be completed. In some instances we saw identical instructions to meet a need written in several peoples care plans despite their needs being individual to them. As such not all the care records were written in a person centred manner meeting the person's individual specific needs. The registered manager and assistant manager explained that the care records were written in the format they were in order to provide information clearly and were often utilised by external agencies.

We saw that people received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed. People and their relatives told us they were able to make decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were recorded in their care records. If a person's ability to share their views had been compromised then where appropriate, significant others such as family members were consulted. Following the inspection the service sent us information showing how they intended to further capture people's personal histories and incorporate this in their care planning and activities.

Our observations reflected that people had a range of activities that were organised including entertainers. People could freely choose to join in with communal activities if they wanted to. People who preferred to keep their own company, or that were confined to their own room because of their complex nursing care needs were protected from social isolation because staff made a conscientious effort to engage with them individually.

During the inspection we saw a variety of activities undertaken both individually and on a group basis. At our inspection a lively party was being undertaken for the Queen's birthday, People and their relatives were actively involved. We saw people who lived in the service dancing with staff. An entertainer had been recruited to provide singing to people living in the service. Our observations of people showed a genuine appreciation and pleasure in sharing this event with families and staff.

Is the service well-led?

Our findings

The home had a registered manager and an assistant manager who worked together to manage the service. We were informed that the assistant manager intended to become the registered manager and a clinical manager will be appointed to manage the nursing care within the service.

People spoken with demonstrated that they knew the assistant manager well. They told us that they saw the assistant manager often and felt comfortable speaking with them. People who lived in the service felt confident that they could go to the assistant manager. During our inspection the assistant manager was highly complimented by people, their relatives and staff. Staff spoken with felt confident that they could approach the registered manager or the assistant manager and that they would be listened to.

The assistant and registered manager told us about audits they undertook to ensure people received quality care. These included regular checks on the environment, staff files, staff training and health and safety as examples. We saw that the audits in particular in relation to medicines and care plans checked whether the relevant pieces of documentation was available but not if the content was of any quality. The registered manager did not audit care plans, risk assessments and people's physical health records. These audits would help the registered manager to find areas for improvements in the quality of the service received by people.

There were questionnaires regarding the quality of the service available to relatives of people who lived in the service and the results of these were easily accessible. There were no questionnaires available for people or staff. Although staff meetings did take place monthly and did discuss the opportunity for anonymous views of staff.

Staff said there were able to discuss anything or if they needed guidance from any of the senior staff, including the registered manager and assistant manager.

Staff told us and records reflected that staff received supervision meetings to review how effectively they were doing their job. Performance appraisals for each member of staff were scheduled and took place at intervals throughout the year.

We saw that staff meetings were held and issues of concern noted and addressed. Staff told us they were informed of any changes which occurred within the service or with the people they supported. This was undertaken through staff meetings and a daily handover, which meant they received up to date information and were kept informed.

The registered provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities with the exception of when DoLS orders were granted by the Local Authority. The registered manager apologised for this oversight, made immediate arrangements for all the notifications to be sent to CQC (which were received) and stated that a notification for granting of any DoLS orders would be made in the future.

