

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Elizabeth House is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building.

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

The registered manager had notified us of incidents as required by law, however there appeared to be some confusion around the type of notification that is required to be sent to CQC. We have made a recommendation about this.

People told us they felt safe and there were enough staff to meet their needs. Staff knew people's needs well. However, not all staff had received training in specific health conditions such as diabetes. The registered manager took action to rectify this issue.

People received their medicines as prescribed and lessons had been learned when things had gone wrong.

People's risks were assessed, and care plans reflected the support needed to manage individual risks.

The infection prevention control processes in place protected people from the risk of cross infection.

The registered manager promoted a positive culture that was person-centred and achieved good outcomes for people.

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 good (published 17 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and how people were supported with their mobility. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections 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.

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they and the provider are 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, care staff and a consultant who was working with the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, including infection and prevention and control records. We spoke with three members of staff, two deputy managers and three relatives.

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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed. Care plans showed where people had a health condition, such as diabetes, the staff were aware of what signs to look out for and what actions they needed to take to manage this in a safe way. However, not all care plans went into detail about what signs to look out for should someone become unwell. We spoke to the registered manager about this who took action to rectify this issue.
- Other care plans we viewed gave guidance for staff to mitigate known risks. For example, a person with an allergy had a risk assessment in place and staff were aware of the risks to this person.
- Where people had required specialist equipment due to their health conditions, the provider had liaised with other professionals to obtain this equipment, for example, a hospital bed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse as processes were in place to safeguard people.
- People told us they felt safe. One person said, "I feel safe, I can't feel any other way with everyone here." Another person told us, "I do feel safe here."
- Staff were suitably trained to recognise and report safeguarding concerns. One staff member told us, "If I had any concerns [managers' names], do listen and act on it. My main concern is for the people."

Staffing and recruitment

- There was adequate staffing to meet people's needs. One person told us, "There is always someone here."
- Systems were in place to ensure staff were recruited safely, including disclosure and barring checks (DBS). Records and staff confirmed this.
- The registered manager used a dependency tool. This calculated the number of staff required to support people safely.

Using medicines safely

- People received their medicines as prescribed and in a timely way. One person told us, "I take some medicine and I always get it at night and in the morning. It is always on time."
- When medication errors had happened, the registered manager had processes in place to ensure appropriate action had taken place to mitigate further occurrences.
- Medication administration records were completed, which included guidance for staff when people had as and when required medication. Body maps were in place for people who were prescribed topical medication. This meant people received their medication as prescribed.

Preventing and controlling infection

- Policies and processes were in place to ensure staff were following Infection Prevention Control (IPC) practices.
- People told us, "Staff always wear Personal Protective Equipment (PPE)." The registered manager kept people informed of the COVID-19 situation, so they were aware of the extra IPC practices in place, for example, staff wearing masks.
- The registered manager had a system in place for visitors to follow, which included using a separate entrance and following the government guidance on visitors to care homes.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong.
- The registered manager kept records to analyse incidents and acted where necessary to prevent any reoccurrences.

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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had notified us of incidents as required by law, however there appeared to be some confusion around the type of notification that is required to be sent to CQC.

We recommend the provider familiarise themselves with the different types of notifications.

- There was a clear management structure in place and staff knew who they should contact if needed. Staff were also aware of whistle blowing and how to do this, if necessary.
- Audits were in place, such as IPC audits and any follow up action taken as result of these. For example, ensuring areas were free from dust and clutter.
- The registered manager was aware of their duty of candour. They told us, "Whatever I do I am honest. If any incident occurs, we will call family and if there is any follow up, we will let them know."

Continuous learning and improving care

- Although staff were aware of how to support people with specific health conditions such as diabetes, they had not received any training on this. When we spoke with the registered manager about this, they informed us they had the support of health professionals but would ensure training was sourced for staff. The registered manager has confirmed this training has been booked.
- The registered manager was keen to ensure learning was gained and care improved. For example, when medication errors had occurred, part of the action taken was to review shift patterns to ensure there was less chance for complacency when administering medication. This meant different staff had the opportunity to review the medication administration record, thus reducing the risk of errors being missed.
- Due to the extensive amount of PPE that was being used in the service, the registered manager took the decision to increase the waste management collection.

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

- Both people and staff we spoke with told us they felt Elizabeth House was a good place to live and work. One person told us, "I like it here, they do what they can for me. We don't go short of anything."
- A staff member told us, "We care a lot for people, all staff are lovely and caring and we all work as a team and pull together."

- One relative we spoke with told us, "The home is marvellous with a capital M."

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

- One staff member told us, "They are fair with all of us, all equal, like a family and you don't really get that in workplaces, but they do here."
- A relative told us, "The home always let me know what is happening, they keep me informed of activities in the home and if my relative has been involved or if they have needed to see the doctor." Another relative told us, "The home keeps me informed of anything to do with my relative."
- Satisfaction questionnaires had been sent out to people during the pandemic, which were mostly positive.

Working in partnership with others

- The registered manager worked in partnership with others. We saw documents where they had consulted with health professionals, for example, the GP.
- One health professional we spoke with told us, "Communication is good" and, "Staff will ask for support."