

Elizabeth House Rest Home Limited

Elizabeth House

Inspection report

Sandy Hill
Werrington
Stoke On Trent
Staffordshire
ST9 0ET

Tel: 01782304088

Date of inspection visit:
04 August 2022
09 August 2022

Date of publication:
15 September 2022

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 up to 35 people. The service provides support to people aged 65 and over in one adapted building. At the time of our inspection there were 26 people using the service.

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

People were supported by staff who were trained to recognise and report any harm or abuse. Risks to people were assessed, monitored and managed. People were supported by enough staff who were safely recruited to work at the home. People's medicines were managed safely. The provider had effective infection, prevention and control systems in place. Lessons were learnt when things went wrong.

Managers and staff demonstrated a positive culture which was person-centred. The management team investigated incidents fully, and actions were identified to make improvements. Managers and staff were clear about their roles and improvements had been made to ensure we were notified of significant events within timescales. People, their relatives and staff were involved and engaged in the service. The provider had systems in place to monitor and review the service. The provider was working with health and social care professionals.

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

Rating at last inspection

The last rating for this service was good (published 22 April 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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 COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm. 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, 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.

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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing and/or 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 four people who lived at the home and four relatives of people who lived at the home. We spoke with 10 members of staff, which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care manager, deputy manager and assistant manager, senior carers and care assistants. We reviewed several records including people's care and medication records, audits, policies and procedures, staff files and staff training matrix.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report any harm or abuse. Staff confirmed the process they followed if they had any concerns, including reporting it to their senior or the management team. Staff felt concerns were always followed up and acted on.
- People and their relatives confirmed people were safe at the home. One person told us, "The staff look after me here, I am treated with respect and feel safe." One relative told us, "The care is excellent, [Person's name] is safe and well looked after by staff."

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and managed through effective procedures in place which staff followed. This included risk associated with pressure damage to the skin, mobility, eating and drinking and environmental risks. People's spiritual or religious needs were also documented in their care plans.
- Staff we spoke with confirmed they knew people's risks and how to support them. One staff member told us, "We know people's concerns, we have training and know their triggers, for any behaviours they display."
- People and relatives, we spoke with told us staff knew them and any risks people had. One person told us, "Staff know how to support me, the level of care I need and any risks I have. They know how to support people."

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 provider 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.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home. Staff files we reviewed included pre-employment checks and references.

- We observed staff spending time with people and people confirmed staff responded to them in a timely manner. One person told us, "If I press the buzzer, they [Staff] come quick, even during the night."
- Staff received training suitable for their role. The registered manager told us how they supported staff in different areas for their career development and staff confirmed they had the right training and skills to meet people's needs. The registered manager confirmed they had face to face training booked for staff where updates were due.

Using medicines safely

- People's medicines were managed safely.
- People's medicine administration records had been fully completed and there were clear protocols in place for staff to follow where people were prescribed medicines on an 'as required basis'.
- Staff we spoke with who were trained to administer people's medicines, told us the process they followed to ensure they were safely administered.

Preventing and controlling infection

- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas required refurbishing to help keep them clean. The provider was already aware of this and had planned the required work.
- 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 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 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.

Visiting in care homes

The provider followed government guidance in relation to visiting and their visiting policy reflected this. We observed relatives visiting during our inspection who confirmed they were happy with the visiting arrangements.

Learning lessons when things go wrong

- The provider had an effective system in place to review accidents and incidents to ensure actions were taken to mitigate the risk of reoccurrence.
- The registered manager analysed the records for any themes or trends and identify lessons learnt. People's care records detailed where accidents or incidents had happened and what action was taken to help keep them safe.

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. The rating for this key question has remained good. 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

- At our last inspection we recommended the provider gain a further understanding of notifiable events which occurred within the home, in line with their legal responsibilities. The provider confirmed they had recently been behind in completing their notifications to us. At the time of our inspection they had reviewed their processes to ensure they informed us within required timescales.
- Staff we spoke with confirmed they were supported by team members and the management team. One staff member told us, "We are a good team here, the management are here often, and always available by phone."
- The home's last inspection rating was clearly displayed in the entrance to the home.

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

- Managers and staff demonstrated a positive culture which was person-centred and inclusive of the people who lived in the home.
- People, their relatives and staff confirmed how approachable and visible the management team were. We observed the nominated individual talking to people and relatives during our inspection.
- One staff member told us, "It is a good place to work, I feel appreciated and valued by management, I enjoy looking after people."

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 investigated incidents fully, and actions were identified to improve people's experiences of care.
- Staff were encouraged to be open and honest when things went wrong. Staff we spoke with confirmed management were open to staff and people and they identified learning to make improvements to people's care.

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

- People, their relatives and staff confirmed they had the opportunity to provide feedback about the service and make suggestions for improvements.
- Staff attended regular team meetings and those we spoke with told us these were of benefit. One staff

member told us, "There are different ways to raise things, through team meetings, handovers and through suggestion boxes."

- People could raise any concerns, and they attended meetings where improvements to their care was discussed and actioned. We reviewed the latest meeting minutes, which recorded, "Staff are good, but if we need anything, who do we go to if the office is closed." Following this the provider implemented a 'key worker' role which they were trialling at the time of the inspection. This helped ensure people had a main staff member to contact at any time.

Continuous learning and improving care

- The management team completed regular audits and checks of the home to identify any learning and make improvements to people's care.
- The provider was aware of refurbishments required throughout the home and were in the process of completing these. The provider had plans in place which included painting skirting boards and bathroom floor replacements.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. The physiotherapist service had documented praise they gave to one member of staff. People's care records detailed where professional input was sought or referrals were made.
- Staff confirmed they worked together and as a team to meet people's needs.