Elizabeth House Rest Home Limited

Elizabeth House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Elizabeth House on the 28 September 2016 and it was unannounced. It provides accommodation and personal care for up to 35 people, some of whom are living with dementia. There were 32 people living at the home when we visited. Elizabeth House was last inspected on 4 June 2014 and was compliant against the standards we looked at.

The service had a registered 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. There was also a manager who supported staff on a daily basis and they had made an application to become the new registered manager. We will refer to them as the manager within this report.

Assessments were not always completed to ensure that people were able to make decisions about their care and support. Some decisions had not been reviewed to ensure that they were in the person's best interests and some restrictions on people were not legally approved. Staff were not always able to demonstrate how the training that they attended enabled them to support people effectively.

The provider was reviewing their procedures and quality systems and was in the process of implementing new ones. Some of them were not fully embedded to drive improvements to the service and not all of the staff team were aware of the changes or how they affected them.

Risk to people's health and well-being were assessed and managed to ensure that people were safe. Staff were able to recognise signs of abuse and knew how to raise any concerns. People were supported to have enough to eat and drink and specialist diets were catered for. The provider worked closely with healthcare professionals to ensure that people's health needs were met in a timely manner. Medicines were administered to meet individual needs and were stored securely. There were systems in place to ensure that the risks associated with them were reduced.

People told us that there were always enough staff to meet their needs promptly and that they felt safe. Their care plans were regularly reviewed to correspond with changing support needs. Staff developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences and respected their privacy and dignity.

People were encouraged to pursue interests and hobbies and regular activities were planned. Celebrations were organised for special events and visitors were welcomed at any time. People knew the manager and any complaints or feedback were responded to and learnt from.

You can see what action we told the provider to take at the back of the full version of the report.

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.
People were protected from harm by staff who knew how to report any concerns that they had. Risks to people's health and wellbeing were assessed and managed. There were systems in place to ensure people received their medicines safely. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.
People's capacity to make decisions about their care was not always assessed to ensure that decisions were made in their best interest. Staff received training to ensure that they effectively supported people. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.
Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.
People were supported by staff who understood their preferences. They contributed to planning their care and reviews were regularly completed. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
Systems were not fully in place to measure and improve quality. Staff were not always included in the development of the service. People knew the manager and reported that they were approachable.

Elizabeth House

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 visit took place on the 28 September 2016 and was unannounced. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with ten people who lived at the home about their care and support and to the relatives of two other people to gain their views. Some people were less able to express their views and so we observed the care and support that they received in communal areas. We spoke with six care staff, two deputy managers, three visiting health professional and to the provider. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "The staff look after us well and I feel safe". Another person told us, "I do feel safe here". One relative we spoke with said, "I have full confidence in the team to keep them safe". Staff we spoke with could identify signs of abuse and told us that they would report any concerns that they had. One member of staff said, "If I had any concerns I would report them to the manager and I know that they would deal with them". There had been no safeguarding referrals made since the last inspection and when we reviewed the records we saw that there were no incidents which should have been reported. We saw that there was a procedure in place for reporting concerns and the deputy managers explained how they would manage any safeguarding incidents in line with it.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I need help to get up from the chair. The staff bring me my walking frame, help me to stand and then I can use the frame to walk on my own. When I am in my room I press the buzzer and they come and help me to get up". Another person said, "I have two call bells in my room and two in my bathroom and so if I need them I can easily reach them and the staff always come". We observed people being supported to move safely and in line with their care plans; for example, using a walking aid supported by one member of staff. We saw that people were supported to look after their skin. One person said, "I always sit on this cushion; the staff always have it ready". We saw that they were sitting on pressure relieving equipment. The records that we reviewed confirmed that these risks had been assessed and that staff were following the plans put in place. One healthcare professional we spoke with said, "The team here are very good and they alert us if they see any changes which cause them concern straight away so that we can manage the situation quickly". Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. Records that we reviewed confirmed this. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People told us that they were supported to take their medicines safely. One person said, "I take a lot of tablets in the morning which the staff help me with and then a nurse does my injection". Another person said, "The staff bring me my pills and stay with me while I take them". We observed that people were given their medicines individually, that time was taken to explain and that people were talked to and encouraged to put them at ease. Some people had additional medicine to take as required and staff were aware when they needed to take this and there was guidance in place to support them. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. One member of staff told us, "The medicines are managed by the senior carer on shift. We have had training and been observed and the manager ensures that we are doing it correctly". We saw that records were kept and that medicines were stored in locked cupboards and trolley. Special arrangements were made to store drugs which were classified as 'controlled' and require additional precautions to be put in place to keep people safe. This showed that the provider managed medicines to reduce the risks associated with them.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "When I press my buzzer they come pretty quickly; it has got better than it used to be". A healthcare professional we spoke with said, "There is always a member of staff to support me and to assist people to come into the treatment room to see me". We observed that people's needs were responded to and there were sufficient staff to support them safely; for example, two staff available to assist people with personal needs when required. One member of staff we spoke with said, "We do have enough staff to meet people's needs and sometimes time to spend time talking with them".

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I wasn't allowed to start for about two weeks after my interview because we had to wait for references and checks to come back". Records that we reviewed confirmed that these checks had been made.

Requires Improvement

Is the service effective?

Our findings

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 looked to see whether the provider was working within the principles of MCA. Staff we spoke with had a limited understanding of whether people had capacity to make decisions. One member of staff said, "I don't know who has capacity and I don't know if anyone has a DoLS in place". Another member of staff said, "We have done training in that I think but I don't know about people here". The deputy manager told us, "We have not considered discussing the training to ensure that staff know what it means to the people we support". When we looked at records we saw that there were no capacity assessments in place. Some decisions had been made in people's best interest without assessing the person's capacity to make them for themselves. For example, one person received additional care to support them to manage behaviours which may harm themselves or others. They had not consented to this decision nor had their capacity assessed to see if they could. We saw that everybody had a health intervention that they had not been consulted about. The manager had identified where some people may have other restrictions placed upon them. Three DoLS authorisation had been granted to legally restrict a person's liberty to maintain their safety and further applications had been made.

This is a breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014

Staff told us that they received training and support as part of their induction. One member of staff said, "I had a six day induction where I shadowed experienced staff on different shifts to learn the role. One of the deputies showed me how to move people safely. Now I have started my care certificate and the manager will check each section with me once I have finished the". The Care Certificate is a national approach to meeting induction standards in social care. This showed us that some of the training and support for staff enabled them to do their job effectively but some needed to be checked in the workplace to ensure it was being applied.

People told us that they had good meals and were offered a choice. One person said, "The kitchen staff are getting to know me now and the things I like. They will make me something different if I want them to. We get something different every day". Another person said, "The food is good and they will always get me a chicken soup if I ask because they know that is my favourite". Some people needed assistance to eat or drink and staff supported them in a patient, respectful manner. We saw that specialist diets were prepared to meet assessed need and that records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "When I wasn't well they called the doctor for me. I was given some cream and I feel much better since using it". We saw that people saw medical professionals within the home in a separate treatment room. One health professional told us, "The staff are really on the ball. If peoples' needs change they refer them back straight away. They keep good records so that they can feedback how effective the intervention has been". People told us that they had regular health checks and attended specialist appointments in the local hospitals. Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

We saw kind, caring relationships between staff and the people they supported. One person said, "The staff are all lovely and really look after us". We saw one person laughing with a member of staff and they said, "We have known each other for years. She likes a joke and I do too. She really cares". One relative said, "The staff are really caring. I often stand and watch and they are really kind to people". We saw that staff knew people well and talked with them about their interests and family. One member of staff with said, "This is my first job in care and I love it because the people we help are all great and they make it enjoyable".

People made choices about their care. One person said, "There's often something going on in the afternoon but it is too busy for me and so I spend time in my room reading my books". Some people chose to sit in specific seats and when one person was distressed because they were not in their usual spot staff understood what was wrong and supported them to move back. We saw that people were encouraged to maintain their independence. One person was encouraged to walk with their walking aid while a member of staff rubbed their back and said, "It is ok I am right beside you".

People were made to feel as though they were important and special occasions were celebrated. We saw that one person was given a gift and another person told us, "It is their birthday today. We will have a cake and a sherry later. We always do that for people's birthdays". We saw that people carried personal belongings with them. One person said, "I always have my hand bag and some lipstick and face powder. I know things are different but when I put it on I feel like my old self".

We saw that people's privacy was respected. When people required support with personal needs they were spoken with discreetly and taken to a private space. We saw staff knock on doors and introduce themselves before entering. People's rooms were directed to their personal preference and one person told us, "I am feeling more at home now because I have pictures of my children and grandchildren around me".

People's visitors were welcomed at any time. One relative told us, "We can drop in any time and we are always given a cup of tea. There is a warm atmosphere". One person we spoke with said, "My granddaughter visits every week to do my nails and now she also does them for some of my friends if they want them. She comes with more bottles each week; it's like a mini beauty parlour".

Good

Is the service responsive?

Our findings

Staff knew people well and could describe their likes and dislikes. We observed that people were supported to sit by their friends, or in the quieter communal space where they could listen to music. When one person was supported to sit down they arranged cushions around them and gave them a stool to rest their legs on. One member of staff said, "They like to rest quietly in the afternoon and we like to make sure they are comfortable". They knew what was in people's care plans and one member of staff told us, "The care plans are updated every day and I am making a record of this morning for each person. We have a handover where we share information about any changes to peoples care needs". One health professional we spoke with said, "When I see someone they are supported by a staff member who will note any changes and alter the care plan straight away". Records that we looked at confirmed that plans were written about peoples preferences and were updated to reflect people's changing needs.

People told us that they received care in their preferred way and that they were involved in planning that care. One person we spoke with said, "The staff help me to wash in the morning and I try to dress as much as I can and they help me with the rest. I haven't had a shower yet, not until I am discharged from the hospital and then we have agreed that we will try it". Another person said, "I have had a different desert because I need to watch my sugar". Relatives we spoke with told us that they were kept informed of any changes to people's health or wellbeing. Records that we looked at showed that there was regular contact with families.

People were encouraged to pursue interests and hobbies. One person said, "Somebody comes in most afternoons to do some activity; things like music or exercises". We saw that an entertainer came in and another person told us, "It will be a fun afternoon because they are really good". One person had been out to a church service and other people told us that they enjoyed spending time in the gardens. The provider told us, "We organise bigger events like bonfire night and barbeques in the summer which relatives and friends are invited to attend".

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I have never had any problems but I would speak to the manager or any of the staff if I did". A relative said, "Never had anything to complain about but I would definitely know who to speak to if I needed to". The manager had a procedure in place to deal with complaints and had followed it to investigate and respond to any received. They made changes in response to complaints received; for example, reviewing which staff had access to the kitchen in order to reduce the risk of spreading infection.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were some audits in place to monitor and improve the quality of the service. However, some did not always fully record the actions that would be taken. For example, infection control audits had been completed for three months and although some areas were ticked as requiring action there was no plan in place to ensure that these were completed. When we spoke with the deputy managers they were not aware if action had been taken to remedy the issues. There was more thorough recording in other audits such as accidents and incidents but this was a new approach and an analysis of themes had not taken place yet. Other audits had been completed which were not thorough or critical; for example, lunchtime observations gave no recommendations for improvement. When we spoke with the deputy managers they recognised that there could be areas for improvement which should have been picked up. In the PIR the provider described development work they were completing with a quality consultant. They recognised the improvements that needed to be completed and they were transparent with us about the progress they had made to date and further work which still needed to be embedded. This showed that, although some of the quality improvement processes were not in place, the provider had a plan to ensure they were implemented.

The provider had also reviewed and updated their policies and were developing other procedures. They recognised that there were some tools and processes which needed to be implemented; for example, around best interest decisions and monitoring people's nutritional risk. However, they did not identify that a tool to assist them to review and plan their staffing levels around individual need would be useful. When we spoke with the manager they said, "We haven't used that before but I can see that would be helpful especially as people's needs change".

Staff we spoke with were not always aware of the changes taking place or how it would affect their work. One member of staff said, "I didn't know there was anyone working on quality with us". Another member of staff said, "I know there has been a pharmacy audit recently but I don't know if there were any recommendations. The managers deal with that". A third told us, "I haven't noticed any changes". Staff told us that they had team meetings once a year and that was usually about staffing arrangements and not about the development of the service. When we asked them about whistleblowing some of the staff were unsure what it meant. One member of staff said, "That hasn't been discussed with me yet". Whistleblowing is the procedure which encourages staff to raise any concerns about poor practise. When we asked staff if they would raise concerns they were confident that they would and that the manager would listen and support them. This demonstrated that the implementation of policies and procedures was not consistently communicated clearly with all of the staff team. They also did not have the opportunity to contribute to the development of the service.

People and their relatives were consulted about the quality of the home through surveys. The manager told us, "We have used the feedback we received to make changes. For example, we reviewed chairs in people's rooms to ensure that they were safe and comfortable".

People and relatives knew who the manager was and found them approachable. One person said, "The

manager is very nice and always asks me if I am comfortable". One health professional we spoke with said, "The manager is very hands on and can put their hand to anything at a moment's notice". Staff told us that they received supervision which they found useful. One member of staff said, "I met with the manager and they were very supportive".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

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 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent to their care was not assessed in line with the Mental Capacity Act (2005) to ensure that decisions were made in their best interest.