Runwood Homes Limited

# Elizabeth House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on the 9th and 10th April 2018, the first day was unannounced.

Elizabeth House is a care registered to provide care for up to 107 residents, some of whom may be living with dementia. On the day of our inspection 95 people were living at the service.

The service was last inspected in December 2017 and was rated overall good. We undertook this inspection in response to concerns raised about people's safety. This was a focussed inspection to review safe, effective and well-led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elizabeth House provides care to people on four separate units within one large building over two floors.

The service has 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff assessed risk to people and put plans in place to keep people safe. Some risk assessments needed to be more detailed on how to support people. Staffing levels needed to be consistently maintained to ensure people had prompt support with their needs. People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. Medication practices were safe and dispensed by staff who had received training to do so. There were systems in place to minimise the risk of infection and to learn from accidents and incidents.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care

professionals, including a doctor, district nurse and speech and language therapist. The environment was appropriately designed and adapted to meet people's needs.

The registered manager had a number of ways of gathering people's views; they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and worked in partnership with other stakeholders to continually improve care.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Staff assessed risk to people and put plans in place to keep people safe. However some risk assessments needed to be more detailed on how to support people.

Staffing levels needed to be consistently maintained to ensure people had prompt support with their needs.

People felt safe with staff, and staff were aware of safeguarding procedures.

Staff were only recruited and employed after appropriate checks were completed.

The registered manager had systems in place to review accidents/incidents and untoward events to ensure lessons were learned and shared with staff.

There were suitable control procedures in place to protect people from the risk of infection.

Medication was stored appropriately and dispensed when people required it.

### Is the service effective?

**Good**

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and they received adequate diet and nutrition.

People had access to healthcare professionals when they needed to see them.

The accommodation and environment was suitably maintained.

## Is the service well-led?

Good

The service was well led.

Staff felt valued and were provided with the support and guidance to provide  care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

The registered manager worked with other stakeholders in the provision of care for people.

# 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of medical conditions, safeguarding and falls. This inspection examined those risks. These incidents had been bought to the attention of the local authority safeguarding team, clinical commissioning groups, and Police to investigate.

This inspection took place on the 9 and 10 April 2018 and was unannounced on the first day. The inspection team consisted of three inspectors and an expert by experience on the first day. An expert by experience is a person who has used services or has supported somebody who has used services.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from the local authority. We also met with other stakeholders to share information known about the service and attended a safeguarding strategy meeting.

During the inspection 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 talk with us.

During our inspection we spoke with nineteen people, eleven relatives, the registered manager, regional manager, deputy manager and nine care staff, the cook and maintenance person. We reviewed eleven care files, five staff recruitment files and their support records, audits and policies held at the service. We also looked at medication procedures, safeguarding concerns, complaints and compliments, and questionnaires

received.

Requires Improvement

# Is the service safe?

## Our findings

Before the inspection we had been made aware of a number of concerns at the service in the previous few months. Some of these concerns were raised due to people falling and sustaining injury and some were raised due to concerns about people's care and missing property. The registered manager has been working with the local authority safeguarding team and police to investigate these concerns and to address issues to make sure people are safe. We saw that the registered manager had been robust in their response to any concerns involving staff practice and theft and that these matters had been dealt with appropriately.

Despite the issues raised at the service people told us that they felt safe living there and felt safe with the staff. One person told us, "Yes, I do feel safe here; they look after me, and would keep me safe." Another person said, "I do feel safe here, its home to me." A relative told us, "I believe my relative is in safe hands, staff here are doing all they can for them, and I trust them to do the best."

Staff we spoke with demonstrated that they knew how to keep people safe and raise safeguarding concerns. We saw information was displayed detailing to staff how to raise concerns and information was available of outside agencies for staff to phone and report their concerns to. Staff we spoke with said that they would report concerns to the manager and knew that they could report concerns to outside agencies. The registered manager and regional manager have been working with the safeguarding team from the local authority to raise staff awareness as to the threshold to raise a safeguarding concern.

In general, risks to people's safety and wellbeing had been assessed and actions were put in place to support people safely. These included assessments in regards to people's moving and handling, pressure area care, nutritional needs and risks of falling. Preadmission assessments had been completed to identify people's needs before they were admitted to the service so that the correct support could be put in place. We saw that where people were at risk of pressure sores the correct equipment was in use such as pressure relieving mattresses. Staff had systems in place to monitor people's skin condition and when required referred people to the district nursing team for advice. Where people were at risk of falling the service had measures in place to mitigate the risk for example using profiling beds that can be lowered to the floor, crash mats, bedrails and sensor mats, and hourly observations when people were in their rooms.

However, we noted that where some people were at a high risk of falling, sensor mats were not always put in place immediately and this was only done after falls had occurred. We discussed the level of falls with the registered manager and regional manager and saw that they had completed a detailed analysis of falls information to see if they could identify a theme or if they could identify other measures that could be put in place. As a result, they had decided to trial an extra member of staff to work at night for a month to see if this had an impact on reducing falls at night.

We recommend the provider consider all available technologies to ensure that people are being supported safely, where they are at high risk of falls, such as sensor beams, automatic lighting and other forms of technology available to aid in the reduction of falls.

Where people were identified at high risk of choking measures were put in place to support people such as referral to dietitians and speech and language therapists. Where advice had been given, such as use of thickener in fluids or soft diets to be given, these were clearly care planned. We found care plans could be more detailed for staff with regards to what steps to take if a person they were supporting began to choke. In addition, more specific detail was needed where people required support when eating, such as ensuring they were in a good sitting position when receiving their meals in bed. We discussed this with the deputy manager who was reviewing care plans and they assured us they would be adding in this detail.

The registered manager employed a maintenance person for general repairs at the service and for maintaining the environment. We saw that insurance and equipment certificates were in place and up to date. On the day of our inspection legionella testing was being completed and a fire alarm test was also held. There were fire evacuation plans in place for people with information that would be relevant in the need of a complete building evacuation. Senior staff on each unit were also responsible for completing daily environment and equipment checks. One unit a door was only secured by a latch that was pushed up at the top of the door; anyone could open this door by simply pulling down the latch. The room was used for visiting healthcare professionals and had equipment that they may need to use in the course of their treatment. We bought this to the attention of the registered manager, as it was unsafe for this equipment not to be in a properly secured room. The registered manager was unaware of the equipment left in the room and immediately arranged for a proper lock to be fitted to the door so that it could be secured properly.

We received mixed feedback with regards to there being sufficient staff available. Staff told us that they felt that there were enough staff on each shift, provided there was no staff sickness. One member of staff said, "Generally I feel there is enough staff and it works well, but if we are short by one member of staff you really notice it." Most of the staff we spoke with voiced the same opinion. One person told us, "The staff don't always come when you call them because they are too busy." Another person said, "I press when I want to go to the toilet, but sometimes I have to wait a long time, it can be a bit upsetting if I can't wait. They say they're short-staffed." A relative told us, "The staff are run ragged, there is not enough of them." Throughout the inspection, we observed staff to be very tasked focussed and busy. The design of the building meant that there were very long corridors with bedrooms and lounges of these areas. The majority of people did choose to spend their time in the main lounges, but some people chose to remain in their room or in other areas of the service. Although we noted that staff were available in the lounges, there were many occasions of staff rushing up and down the corridor with hoists or wheelchairs and therefore not being available in the main lounge areas.

The registered manager told us that they used a dependency tool to calculate the amount of care hours that they needed to support people. To ensure that they had enough staff they always included additional hours above the calculated hours required. The regional manager confirmed that they had told the registered manager to always staff to the identified number needed. The registered manager had put systems in place to ensure there were no shortages in staff numbers. These measures included checking daily staffing levels, if staff called in sick they now had to report directly to the on-call phone rather than by just sending in a message. This meant the registered manager or deputy manager were aware of the sickness and could cover this. Where agency staff were needed the registered manager asked that the same staff were used so that they got to know the support needs of people. The registered manager had also made changes to the deployment of staff. Previously care workers were deployed across the service at the start of their shift; instead, they were now allocated to units permanently. Shift patterns had also changed with staff now working twelve-hour shifts. We received positive feedback from staff about these changes saying that they had the opportunity to work consistently with people and were able to get to know what their support needs were.

We recommend that the views of people are considered when staffing levels are determined to ensure that people's views are listened to and that their needs are being met at all times.

We discussed the available equipment with staff and they told us that there were two standing aids and two full body hoists for the whole service. Across the service, 16 people needed the use of a standing hoist to support them to stand and eight people needed the use of a full body hoist. This meant staff needed to locate which unit the standing hoist was on to then take it to the person needing support. One person told us, "I've waited 45 minutes before, for the hoist to come over, then sometimes they go to use it, and it's not been charged up so they have to look for another one." We discussed this with the registered manager and regional manager they told us that they did have three standing hoists but one was currently out of use and was waiting for a part, for it to be fixed. Following our conversation the regional manager told us that they had now ordered a fourth standing hoist and that the broken hoist was due to be fixed by the end of the week. This would mean each unit had their own standing hoist.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff showed that the manager had operated a thorough recruitment procedure in line with their own policy and procedure and regulatory requirements. Relevant checks were carried out before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from the risk of infection. The registered manager had implemented specific cleaning rotas to ensure all areas of the service were clean and maintained infection control procedures. In addition, they had appointed the head house keeper to take a lead on monitoring cleaning schedules throughout the service to ensure infection control practices were implemented.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. One person said, "The staff look after my medication, they bring them when they should." Only trained and competent staff administered medication, which was stored safely in accordance with the manufactures guidance. We saw in people's care plans for example it was detailed how to monitor if people were in pain, or what to do if a person had an allergy to certain medication. Each person had a medication profile, which was very person centred explaining how the person preferred to be administered their medicines. Regular audits of medication were completed and a recent audit had been completed by the pharmacy provider. We saw issues identified were being addressed by the registered manager.

The registered manager ensured lessons were learned from any accidents or incidents and had processes in place to review these with staff. The registered manager fully investigated adverse events and discussed learning points or changes needed to practice in staff meetings. They also displayed learning points from each incident in staffing areas for staff to read and review. In addition, the registered manager kept clear records about actions taken and worked transparently with other organisations such as the local authority and clinical commissioning groups.

Good

# Is the service effective?

## Our findings

The provider supported staff to complete training to equip them with the skills they needed to perform their role. Staff told us that some training was computer based and some training was face to face. We saw that there was a variety of training available to staff including nationally recognised qualifications. We saw that a number of staff had undergone training to support people with dementia however not all staff felt this had equipped them with the skills they needed to support people. One member of staff told us, "I would like more support to understand how the different stages of dementia affect people."

The registered manager told us that they had a number of leads and champions throughout the service to support staff with training. They had a moving and handling trainer who worked with staff to review people's moving and handling needs as well as delivering training to staff. We saw a number of staff had undergone a two-day course on dementia care. The provider employed a dementia lead who would be working with these staff to help them embed their training into practice and to encourage them to share good practice throughout the service. In addition, the registered manager told us that the dementia lead would be setting up training and meetings with relatives at the service.

New staff had a full induction to the service including completing shadow shifts to get to know people and the routines of the service. All new staff were allocated an experienced member of staff to work with them during their induction period. The registered manager supported staff who were new to care to complete the Care Certificate. This is an industry-recognised award and induction supporting staff to acquire the skills and knowledge they need to support people. Staff told us that they had regular staff meetings and supervision to discuss the running of the service and their performance. Moving forward the provider would be changing the process of supervisions so that some were held as observation and discussion of practice. The registered manager also completed appraisals on staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Staff we spoke with knew people well and what their preferred routines were, such as when they liked to go to bed or where they liked to spend their time. Throughout the inspection we saw staff were good at offering people choice and in supporting them to make decisions for themselves. We saw that appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being safeguarded.

People were supported with their nutritional and hydration needs. Throughout the inspection we saw people were supported to have drinks of their choice and we observed the tea trolley being taken around to

people. We observed a lunchtime meal and noted people had different experiences dependent on which unit they were living in. We noted on one unit on the first day this had been quite a challenging experience for people, due to the noise level and the specific support needs of some people. Following feedback we noticed on the second day that staff had become more adept in supporting people's needs to ensure a better dining experience for everyone.

People were offered choice of different meals at lunchtime by staff displaying two different plates of food. This helped people to make the choice of food they wanted to eat. We noted that people sat together at meal times and engaged in conversation with each other and staff. People were supported with choices of drinks and we noted that staff were very attentive in noticing if people required a refill of drinks and were prompt in offering this. We saw that the cook attended mealtimes on each unit and spoke with people to gain their feedback on the food. People were complimentary of the food one person said, "The food's better here than I've had in hospital, I'm looking forward to lunch here today."

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input. We saw the service had also referred people to a speech and language therapist when they had presented with swallowing problems for advice and support. The cook provided special diets such as fortifying people's food to encourage weight gain, and soft and textured diets as required to meet people's needs. We noted that care plans could be more detailed for people who at times were not eating. For example offering favourite foods, finger foods or returning with alternate foods for people to try. The deputy manager would be adding this to people's care plans.

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses, dementia nurse, palliative care team and G.Ps. District nurses attended the service every day to support people with their physical healthcare needs. We saw that staff had good relationships with the district nurses and asked them for advice and support when necessary. The GP visited the service every week to review people and if people needed GP support before this staff would ring the surgery to arrange an extra GP visit or for advice. During the inspection we spoke with the GP who told us that when they attended the service they reviewed people's physical healthcare needs, medication and long term physical healthcare problems. In addition, they reviewed people who were on end of life care at least every two weeks. The GP told us that they had good support from the palliative care team. The registered manager told us that they wanted people to have the best healthcare available and had planned a meeting with the practice manager, GP and clinical commissioning group to ensure they had the best service level agreement in place for people's healthcare needs.

The environment was appropriately designed and adapted to support people. The service was spacious and people had personalised their rooms. Throughout the service there were different visual areas of interest, such as wedding dress corner and 'Mo's' Bar. Some of the corridors had alcoves to sit and listen to the radio and walls had items people could touch such as musical instruments, records and items of clothing, scarves and bags. There was also a separate cinema room and we noted some people like to go there in the afternoon to watch a film. Some of the signage could be improved to help people find more easily where toilets were located or which room was theirs. A couple of people told us that they were unhappy with staff being able to smoke in the garden area as this made the garden look untidy from cigarette ends and also they found that the cigarette smoke wafted into their room. We spoke with the registered manager about this and they immediately took action to ensure no staff smoked in an area that could affect people in their rooms with the unpleasant smell of smoke.

Good

# Is the service well-led?

## Our findings

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.

The registered manager had a clear vision for the service and for people to receive the best care possible. People and staff were complimentary of the manager, one person said, "[Manager's name] is very approachable, easy to talk to, they listen if I needed to talk to them about anything."
A relative told us, "If we have any complaint we go to [Manager's name] or one of the seniors. They are not dismissive at all; in fact they get annoyed when things aren't done right."

Staff told us that they felt support by the registered manager and deputy manager one member of staff said, "[Managers name] is the best manager we have had, their door is always open, and they have made a lot of good changes." Another member of staff told us how when they had an issue with another member of staff they 'whistle blew' to the manager. They went on to say the issue was fully dealt with and that they felt supported throughout and were kept up to date. Both the registered manager and deputy manager spent time each day on the units speaking to staff and people to gain feedback. Each morning they had a meeting with the senior team for a handover of important information and issues that needed attention or their support within the service.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, weight management and health and safety. We saw that the registered manager and regional manager reviewed the data collected from audits to see if there were any trends or themes and put action plans into place to address issues. Lessons learned from audits and investigations were shared with staff to improve practice. The registered manager understood their regulatory requirements and sent notifications to the CQC and local authority when required to.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people and through having meetings and surveys. The service had also has just started a monthly newsletter for people to share activities, events and items of interest. The registered manager was also in the process of gathering relatives email addresses so that they could be sent information and the newsletter by email. There was also a suggestion box in the main lobby for anyone to share their ideas and suggestions to the manager. We saw from surveys that suggestions and ideas had been acted upon such as changes made to the menu and the creation of 'Mo's' bar for social events each week. In addition to the work the registered manager had done to obtain people's views the provider also send out an annual survey and people and relatives can also leave feedback on the provider's website. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager worked in partnership with other agencies to ensure people were receiving the best care available. They have recently signed up to take part in the PROSPER project. The PROSPER project is a sponsored training and support from the local council that shares best practice ideas on how to support people who may have issues with maintaining enough fluid or are prone to falls and pressure sores. The registered manager told us that they would be specifically looking at falls reduction; and was already planning how they were going to share the information with staff and what steps they could take to help the staff reduce falls at the service.