

# Shirley Old Peoples Welfare Committee

## Elizabeth House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Elizabeth House accommodates up to 20 people in one adapted building. It provides residential care to people over the age of 65. During our visit 18 people lived at the home. The home is located in Solihull, West Midlands.

People's experience of using this service:

- People were protected from avoidable harm and enough staff were on duty to meet people's needs.
- Risk management plans contained clear instructions for staff to follow to keep people safe.
- Staff were recruited safely and received on-going support and training to be effective in their roles.
- The environment was clean, and staff followed good infection control practices.
- Medicines were managed safely, and people were supported to access healthcare when needed.
- People received information in a way they could understand and chose how to live their lives.
- People's nutritional and hydration needs were met, and staff understood people's dietary needs.
- Staff knew people well and were responsive to their needs. Care plans helped staff to provide personalised care.
- People were supported to be independent. Their privacy was respected, and their dignity was maintained.
- People's end of life wishes were documented to ensure their wishes would be respected at the end stage of their lives.
- People enjoyed the variety of social activities and maintained positive links with their community.
- People and relatives spoke positively about the leadership of the service and staff felt supported.
- Complaints were being managed in line with the provider's procedure.
- Systems to monitor the quality and safety of the service were effective.
- Lessons were learnt when things had gone wrong. The provider shared learning across the organisation to drive continual improvement.
- Feedback gathered from people and relatives was used to drive forward improvement.

At this inspection we found the evidence supported a rating of 'Good' in all areas. More information in 'Detailed Findings' below.

Rating at last inspection: At our last inspection in January 2018 we rated the service as 'Requires improvement' overall.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection took place on 13 February 2019 and was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** Elizabeth House is a care home. People in care homes receive accommodation and nursing or personal care. 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:** The comprehensive inspection was unannounced.

**What we did:** Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example about abuse. We contacted commissioners to gather their views about the service.

During our inspection, we spoke with three people who lived at the home and four relatives. We spoke with one visiting health professional, the registered manager, the deputy manager, the housekeeper, two team leaders, the cook, kitchen assistant and two care assistants.

We reviewed a range of records. This included six people's care records, medicine administration records

(MAR) for five people, complaints, staff training records and the provider's quality assurance systems. We also reviewed three staff files to check staff had been recruited safely.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People felt safe. One person said, "Yes, very safe, I love it here."
- Risk assessments contained clear instructions for staff to follow, such as how to reduce the risk of people falling and the risk of people choking. Staff knew how to manage risks and followed the instructions during our visit.
- The provider's emergency evacuation procedure was on display in communal areas. Staff knew what action to take in the event of an emergency such as, a fire.
- Regular checks of the building took place to make sure it was safe. Action had been taken to improve the safety of the building. For example, new fire doors had been fitted throughout the home in January 2019. Systems and processes to safeguard people from the risk of abuse.
- Safeguarding procedures were in place to protect people. Staff had completed safeguarding training which supported them to understand and recognise abuse. Staff understood the importance of reporting any concerns to their managers.
- The management team had referred safeguarding concerns to the local authority and CQC as required.

### Staffing and recruitment

- People told us, and we saw enough staff were on duty to meet people's needs in a timely way.
- The provider completed checks to ensure staff working at the home were suitable. Staff confirmed they had not started work until the required checks had been completed.

### Using medicines safely

- People received their medicines when they needed them, and a series of effective medicine audits and checks took place.
- Senior staff were trained and deemed competent by the management team before they administered people's medicines.
- Medicines including controlled drugs were stored in line with best practice guidance.
- Protocols for medicines given 'when required,' detailed information as to how to determine when a person might need their medicine.

### Preventing and controlling infection

- The environment was clean. The housekeeper checked daily to ensure standards of cleanliness were maintained.
- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this. Staff wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

- Elizabeth House had been awarded a five-star food hygiene rating in January 2019. Hygiene standards complied with the requirements of food hygiene law.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence. For example, timely action had been taken to prevent a person from falling and injuring themselves.
- Lessons were learnt when things had gone wrong. The provider shared learning to drive continual improvement.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this. At our inspection in January 2018 this key question was rated, 'Requires Improvement'. Staff had not completed the training they needed to meet people's needs and did not have opportunities to meet with their managers to discuss their development needs. At this inspection improvements had been made. Legal requirements were met.

Staff support: induction, training, skills and experience

- Staff were skilled and completed ongoing training to be effective in their roles. One person said, "They (staff) all know what to do." Another told us, "The staff are very capable."
- Since our last inspection a training plan had been implemented which was monitored by a senior staff member to ensure staff skills were kept up to date.
- Staff received an induction when they started work at Elizabeth House in line with the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.
- Staff felt supported and received individual support through regular one to one meetings to help guide them with their work.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. One person who had lived at the home for one week they told us staff had already arranged for them to see an optician.
- A visiting health professional confirmed staff listened to and followed their advice including following instructions to prevent people's skin becoming sore.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food. One person said, "It's really good food. They offer seconds."
- People had enough to drink and drinks were offered throughout our visit.
- Staff were attentive and provided the support people need to enjoy their meals.
- Staff, including the cook had a good understanding of people's nutritional needs. They knew one person did not eat cheese and another person required soft food.
- Some people were at risk of losing weight and they were offered foods fortified with additional milk and butter to increase their calorie intake to maintain their health.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had contributed to their care assessments which included their mobility and health.
- People's needs were under constant review to make sure their needs continued to be met.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for some people to keep them safe from harm and conditions were met.
- Where people had been assessed as not having capacity to make their own decisions, best interests meetings had taken place and the outcomes of decisions were recorded.
- Staff understood the principles of the MCA and we saw they sought people's consent before they provided assistance.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the needs of the people who lived at Elizabeth House.
- The provider had an ongoing improvement plan to update the décor in the home. Flooring in the dining room had recently been replaced and painters and decorators were working at the home during our visit. People had decided how the environment was decorated which included choosing the new flooring and wall paint.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported

- Staff were caring and showed people kindness. One person said, "The staff are lovely and caring." A relative told us, "Staff are so caring. Smiling and very patient."
- Staff enjoyed working at the home and spending time with the people who lived there. One commented, "I've worked her a long time. I know people and their families well. Having good relationships and trust is part of good care."
- Staff provided emotional support when people needed it. On several occasions we saw staff held hands with people and gave people hugs which they responded positively to.
- Staff knew how people preferred to communicate. For example, they knew to talk 'loudly' when they spoke with one person who had a hearing impairment, so they could be heard. This was reflected in the person's care plan.
- People's visitors were welcomed. The registered manager said, "All families are welcome at any time of day or night and a bed is provided if they wish to stay overnight." We saw two people's relatives ate lunch with their family member in the dining room during our visit.
- People had opportunities to get to know the staff. A photo board was on display within the home and we saw one person spent time looking at the photographs.
- Individuality and diversity was recognised. Staff completed equality and diversity training and through discussions demonstrated they ensured people's rights were upheld.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a dignified way. One person said, "I feel very relaxed having a shower, they (staff) are so nice to me." A relative commented, "They treat (person) in a very caring and dignified way."
- People's privacy was respected. One person told us staff always knocked their bedroom door before entering. This happened during our visit.
- People were supported to be independent. People were encouraged to use their walking aids and hold onto handrails whilst they walked around the home.

Supporting people to express their views and be involved in making decisions about their care

- People were offered daily choices such as, where they wanted to eat their meals.
- People and their relatives planned and reviewed their care in partnership with the staff. One person said, "They discussed my interests with me, that was nice." A relative told us, "We had a review two to three months ago and updated the care plan."
- People were referred to advocacy services if they required advice and support to express their views and

make decisions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. One person enjoyed walking around the garden to 'get a bit of exercise'. Staff supported the person to do this during our visit.
- Staff knew people well. For example, they knew one person drank a specific type of tea and another person enjoyed listening to Irish folk songs.
- Care plans contained detailed information including people's life histories and achievements which supported staff to get to know people. Staff also spoke with people and their families to understand what people needed and wanted. Care plans were regularly audited, and information was updated if people's care needs changed.
- People were supported to follow their chosen religions. This included opportunities to attend places of worship and home visits from different faith groups.
- People enjoyed the variety of social activities available. One person said, "I like the dancing activities." Another told us, "I like the activities here." We saw a singer entertained people by singing 60's music which people told us they had enjoyed.
- People had opportunities to put forward their ideas and suggestions to improve the service which included regular meetings with people and their families. Action had been taken in response to people's feedback.
- People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.
- Staff received a handover of information when they arrived for their shift. This helped them to provide the care people needed because they had up to date information such as, how people were feeling and whether they had any planned appointments.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so. One person said, "I've no complaints I'm very happy here."
- Complaints had been managed in line with the provider's procedure.

End of life care and support

- People's end of life wishes were recorded which assured us people's wishes would be respected.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met. At our inspection in January 2018 this key question was rated, 'Requires Improvement'. The provider had not displayed their latest ratings on their website and the registered manager had not had opportunities to keep their knowledge of best practice and legislation up to date.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Elizabeth House is a registered charity run by a board of trustees. The management team consisted of a registered manager and a deputy manager who demonstrated their commitment to high quality care during our visit. The registered manager said, "We all work together to achieve the best for people."
- The registered manager kept their knowledge of legislation and best practice up to date which was demonstrated through improvement made since our last inspection. This included attending management forums in the local area to share best practice.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.
- An aim of the service was to 'make people feel at home'. This was achieved and evidenced through the feedback we received from people and relatives. One person said, "Its homely and comfortable."
- People spoke positively about the leadership of the service. One person said, "Everything is perfect." A relative commented, "(Registered manager) is always around It's a good working environment with motivated staff."
- Five compliments about the care provided had been received since our last inspection. One relative had written, 'mum is very happy and settled which puts my mind at rest.'
- Staff felt supported by their managers who they described as, 'approachable' and 'helpful'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibility to inform us about significant events that happened at the home. The latest CQC ratings for the service was in the home and on the provider's website.
- Staff understood their roles and were aware of what the provider expected of them.
- Systems to monitor the quality and safety of the service were effective.

Continuous learning and improving care, working in partnership with others

- The management team worked in partnership with other organisations to develop and improve outcomes for people. The provider had begun to work with another care provider to share resources such as, staff training and administration duties.

- People maintained links with their community. People's families and friends had been invited to events that had taken place including a Christmas pantomime.
- Representatives from different faith groups and local school children visited to spend time with people who lived at Elizabeth House.

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement for example, décor had been improved throughout the home.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.
- The home used social media and had a dedicated 'page' to communicate with people, their relatives, staff and the local community.