

Elizabeth House (Oldham) Limited

Elizabeth House

Inspection report

35 Queens Road
Oldham
Greater Manchester
OL8 2AX

Tel: 01616266435

Date of inspection visit:
20 August 2019
22 August 2019

Date of publication:
11 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Elizabeth House is a residential care home providing personal care for up to 32 people. At the time of our inspection there were 28 people living at the home.

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

We found some areas of the home were not adequately maintained or decorated. This was an area of concern at our last inspection. Although some improvements had been made since then, further improvements to the fabric of the building are required. Correct infection control practices had not always been followed.

Medicines were managed and administered safely. However, the temperature of the medicines room was frequently higher than recommended for the safe storage of medicines.

Risks associated with people's needs had been assessed, were understood and managed by staff. People had access to appropriate equipment where needed. People's needs were assessed, and person-centred, detailed care plans were in place. These helped to ensure people received the right care and support. There were enough staff deployed to meet people's needs. The appropriate recruitment checks had been carried out when new staff joined the service.

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. Staff had completed appropriate training and received regular supervision to help develop their skills and support them. Staff helped people to access healthcare services and receive ongoing healthcare support.

People told us staff were caring and during our inspection we saw that staff treated people with warmth, kindness and respect. There was a positive culture in the home.

The home did not have a registered manager, although a new registered manager was being recruited. At the time of our inspection the day-to-day management of the home was being carried out by the owner (provider). People were complimentary about the way the home was managed. Audits were in place to monitor the quality of the service. However, they had not identified the concerns we found around infection control. The home owner was aware that further improvements were needed to improve the maintenance of the building.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (report published on 19 September 2018) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of the regulations. The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement

We have identified breaches in relation to infection control, maintenance of the building and governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elizabeth House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. At the time of our inspection the service was being managed by the owner of the home (the provider). The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

During the inspection we looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing interactions between people and staff. We spoke with three people who used the service, the home owner and four care assistants. We spoke on the 'phone to two relatives to ask their opinion of the care provided.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at three staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service, including policies, audits and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We found some concerns around the prevention and control of infection.
- Personal protective equipment was not always readily available. For example, there were no gloves in the laundry, and no aprons in the downstairs shower room. There were no paper towels in the laundry and several sinks did not have hand washing posters displayed near them to show people the correct way to wash their hands. However, we saw staff wore gloves and aprons while supporting people with personal care and while handling food.
- The skirting board behind the downstairs toilet was cracked, which meant it was difficult to clean and could harbour bacteria. The blind in the shower room was covered with dust and cobwebs.
- The outside area at the back of the home which was frequently used by people who smoked, was littered with cigarette butts, tissues and several disposable gloves. There was a discarded piece of carpet, which was unsightly.
- Cleaning mops were not hung up to dry and were left damp in cleaning buckets. This encouraged the growth of bacteria.
- One staff member wore bracelets. Guidance produced by the National Institute for Health and Care Excellence (NICE) states that all health care workers should be bare below the elbow when delivering direct care and should remove wrist and hand jewellery.
- One care assistant put eye drops into a person's eyes without washing their hands before or afterwards.

These failings placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with was complimentary about the staff. No one had any worries about how staff treated people.
- Staff had received recent training in safeguarding. Care assistants told us they had never seen any poor practice at the home and would report any concerns they had immediately to the manager or senior staff.
- Any concerns of a safeguarding nature were logged, investigated and actions taken to minimise the risk of reoccurrence. Safeguarding concerns were reported to the local authority in line with the safeguarding policy.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being, such as from falls, or choking were assessed, and action taken to minimise reoccurrence.

- Equipment safety checks were regularly completed and equipment had been serviced.

Staffing and recruitment

- People were supported by staff who had been safely recruited. An employment history and references had been obtained and Disclosure and Barring Service (DBS) criminal record checks completed for all new staff. This ensured staff were safe to work with vulnerable people.
- During our inspection there were enough staff to meet people's needs and staff responded quickly to people's requests for assistance. Care staff carried out extra duties, such as cleaning and working in the laundry. However, we did not see this had a detrimental effect on their ability to carry out their 'caring' roles. Staff told us they felt they had enough time to provide care and support to people.
- Relatives were happy with staffing levels and commented that there were always sufficient staff around to help people. One person said, "There are always staff about."
- The layout of the home, with communal areas close together, meant it was easy for staff to move quickly from one area to another and people were seldom left unattended.

Using medicines safely

- Medicines should be stored at the correct temperature to ensure they work properly. We found the temperature of the medicines room was frequently higher than recommended. The manager told us they would ensure a fan was put in the room to reduce the temperature to within the required range.
- Senior staff had received training in medicines administration and had their competency to administer medicines checked annually.
- Medicines administration records (MARs) and 'as required' (PRN) medicines protocols provided clear information about people's medicines. We checked all the current MARs and found they had been completed correctly. We observed a medicine round and found practice to be safe.

Learning lessons when things go wrong

- Accidents and incidents were investigated thoroughly.
- Appropriate action was taken when people fell. This included contacting the appropriate health care service. We discussed with the manager the possibility of using a specific chart to record how often staff monitored a person if they had fallen and banged their head. The manager devised a chart specifically for this purpose during our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found there were some areas of the home which were not adequately maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although we found that some improvements had been made to the environment, further improvements are needed, and the service remains in breach of this regulation.

- The roof was leaking into the dining area and water had to be collected in a bucket. The manager told us the roof was shortly to be repaired.
- There was a hole in the wall outside the medicines room and wall paper was peeling off the wall. Wall paper was peeling off the wall in the dining room.
- The stair carpet was heavily stained.
- The strip light above the breakfast bar was not working.
- The yard at the back of the home was poorly maintained and unattractive. The garden at the front of the building was accessible and contained garden furniture. However, the garden needed tending as it was overgrown.
- People told us they felt the home needed decorating.

Failure to adequately maintain the building was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

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

- People's needs were assessed before they moved to Elizabeth House to ensure staff could safely and appropriately support them.
- Admission assessments were used as the basis for developing care plans and risk assessments. Care plans were regularly reviewed to ensure they continued to be accurate as people's needs changed.

Staff support: induction, training, skills and experience

- All new staff received an induction to the service. This included mandatory training and shadowing more experienced staff. We checked the training records of three new staff and found their induction had been completed.
- Staff completed training in a range of topics and the provider's training spreadsheet showed a good level

of staff compliance. Training was provided face-to-face, rather than through e-learning or work books. Staff told us they found training enjoyable and interesting.

- Supervision meetings were held with staff. These provided them with opportunities to discuss their work performance, training needs and personal matters.

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

- Staff were aware of people's dietary needs and any help they required to eat and drink. A choice of food was provided, and people were offered drinks and snacks throughout the day. People could help themselves to drinks from the self-service area of the kitchen.
- People told us they were happy with the quality of the food.
- At the midday meal staff were attentive and offered support to people when required. People were encouraged to eat their meal in the dining room and there was a pleasant and relaxed atmosphere.
- People were weighed regularly, and staff referred people for specialist advice from dieticians or their GP when they had consistently lost weight.
- Food and fluid charts were used to monitor what people ate and drank when there was a concern about their appetite.

Supporting people to live healthier lives, access healthcare services and support: staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with health professionals, such as speech and language therapists, dieticians, district nurses and doctors to ensure people's health needs were met.
- Advice and guidance from health professionals, such as information about how to thicken drinks for people who were at risk of choking, was clearly documented in people's care plans. Staff had signed the documents to show they had read and understood the information.
- The service responded promptly when people's health needs changed. One family member told us how impressed they were when staff persisted in getting medical attention for their relative when they became ill.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made to the local authority when required.
- We observed staff obtained consent for people's care and support and wherever possible helped people to make their own decisions.
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed. For example, one person needed to have their medicines hidden in food, as they sometimes refused to take them. A best interest meeting had been held with the person's family and doctor to ensure this was the appropriate action to take.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Family members spoke warmly about the kindness shown by staff to their relatives and to themselves. One person told us, "They [staff] can't do enough for us. They really care." We read a recent 'thank you' card which said, "I just want to say a big thank you to all the staff at Elizabeth House for all the amazing care you have given to [name]. Can't thank you enough."
- Staff had built caring relationships with people and from listening to conversations it was clear that staff knew people well. For example, one care worker talked to us about how they helped to calm a person who often became distressed.
- Throughout our inspection we observed staff interacting with people in a polite, caring and friendly manner. Staff were attentive to people's needs, for example asking them if they would like a second helping of their lunch. One family member told us, "The home is made by the staff."
- Staff spoke very positively about working at the home. One care worker said, "It's rewarding at the end of the day to go home and know they [residents] are happy."
- People's care plans identified if they had any cultural, emotional or spiritual needs. For example, one person attends a local mosque with their family. A priest from a local church visited the home every month to hold a service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care and support.
- Several people were in shared bedrooms. The manager told us this arrangement had been made following consultation with the relevant families. Curtains were used to ensure people's dignity was protected during personal care.
- People were helped to maintain their personal hygiene. One family member told us, "[Relative's] clothes are always clean and smart, and they are always shaved." They told us that their relative had liked to shave every day when they were able to live independently, so it was important to them that this was maintained now that they were unable to do this for themselves.
- Staff were able to give examples of how they promoted dignity, privacy and independence. For example, one care worker told us, "I make sure they [residents] have privacy. I talk to them and tell them what I'm going to do. I give them the flannel and let them do it themselves, rather than doing it for them."

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

- Staff treated people as individuals and respected their choices. We saw staff checked with people before providing support and respected their decisions.

- Resident meetings were held occasionally so that people could express their views about the care and support they received. We saw from the minutes of a meeting held in March 2019 that people had been asked if they felt safe at the home and if they knew who to speak to if they had any concerns.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who had a good understanding of their care and support needs, their personal preferences and what was important to them.
- People's care plans were detailed and person-centred and contained clear guidance for staff on how people wished to be supported with all aspects of their care. For example, one person's behaviour care plan stated that they did not wish night staff to check on them during the night. Where people required staff to use a hoist to move them, detailed information about the type of hoist and hoist sling was written in their mobility care plans. One family member told us how pleased they were to see so much relevant detail contained in their relative's care plans.
- There was a staff 'handover' between shifts. This ensured important information about people was communicated to all staff.
- Family members told us the service communicated well with them and kept them informed when there were changes to their relative's health or well-being.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Friends and family were welcomed into the home and encouraged to maintain relationships with their relatives. We saw that visitors were warmly received by staff.
- Several people had developed friendships while living at the home and staff helped them maintain this companionship.
- The service did not employ an activities coordinator as care workers were responsible for managing activities and social events within the home. We did not see any organised activities during our inspection. However, many people occupied themselves with reading, drawing and doing puzzles such as word searches. Trips out were organised.
- The home had several large communal areas and we saw that people moved freely between them and chatted to each other and with staff.

Improving care quality in response to complaints or concerns

- The service had a process for recording and investigating complaints.
- Information about how to make a complaint was displayed in the entrance hall and in people's bedrooms so it was easily available.
- The service had not received any recent complaints. The manager told us minor issues were dealt with as and when they happened to prevent them escalating. There was an 'open door' management approach which meant people and family members could easily discuss any concerns or worries.

End of life care and support

- People could remain in the home supported by familiar staff when approaching the end of their lives.
- The service worked with other health professionals to provide care for people who were approaching the end of their life.
- The service had completed the 'Six Steps to Success – Northwest end of life care programme for care homes'. This training provides staff with the skills and knowledge to care for people who are approaching the end of their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and how best to support them.
- There was no one living at the home who required information in a special format, although this could be provided.
- Pictorial menus were available, although there was no one who currently needed them.
- Picture signage was used to help people identify different rooms.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The service did not have a registered manager, although recruitment of a new registered manager was underway. The home owner was currently managing the service. They were experienced and knowledgeable about all aspects of the service, having previously been the registered manager themselves.
- Monthly audits were used to monitor the service. These included checks on care plans, medicines records, premises safety and cleanliness. However, the concerns we found around infection control had not been identified.
- At our last inspection we found concerns with the maintenance of the building. At this inspection, although some improvements had been made, there continued to be problems with the maintenance and decoration of the premises, which meant people were living in an environment that was not adequately and appropriately maintained.

These issues demonstrate a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- The manager was aware that further improvements to the environment were needed.
- There was an 'open door' management approach which meant the manager was easily available to staff, residents and relatives.
- There was good communication between staff. This was promoted through handover meetings and through the use of communication books which were kept in the staff office.
- The manager notified the CQC of any incidents which took place that affected people who used the service. This helped us to monitor the service. The CQC inspection rating from our last inspection was displayed in the home, as required.

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

- We found there was a positive culture within the home. Some senior staff had worked at the home for a considerable number of years and were well-respected. Care assistants told us they felt supported by senior staff and the manager and that everyone worked well together.
- The manager understood the requirements of Duty of Candour. This is their duty to be honest and

transparent about any accident or incident that has caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Meetings provided opportunities for staff and people to feedback their views and suggestions about how the service was run. However, these had not occurred very frequently. A survey was underway to gather feedback from staff and relatives.
- The manager worked collaboratively with the local authority and other professionals involved in people's care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that good infection prevention and control measures were always followed.