

Churchlake Care Ltd

Elizabeth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elizabeth House is registered to provide care and support for up to 18 people. Accommodation is provided over two floors, with bedrooms on both the ground and upper floor. The home is close to Bury town centre and easily accessible to public transport and local amenities. At the time of the inspection there were 12 people living at the home.

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

Risk to people and the environment were identified. Effective risk management plans were not in place to guide staff in the support people needed to keep them safe. Work was still required following completion of a fire risk assessment. We also identified concerns to a gated stairwell and the call bell system.

Robust governance systems had not been implemented and embedded to evidence good oversight of the service provided. Managers spoke with were aware of improvements required across the service however this had not been used to inform the development of a business improvement plan.

People were supported to have maximum choice and control of their lives and we observed staff supported them in the least restrictive way possible. Applications to deprive people of their liberty had not been made to ensure people were not being unlawfully deprived of their liberty. Capacity and consent were considered when planning people's care and support.

We found staffing levels were not sufficient. Following discussion with managers staffing levels were increased so people received timely support. We have made a recommendation about staffing arrangements being kept under review. A programme of staff training was available. Improvements were needed to the induction of new staff and on-going supervision and support. This helps to ensure staff are clear about their role and responsibilities and what is expected of them.

Systems were in place to help manage people's prescribed medicines. Staff responsible for the administration of medication completed training and assessment to check their practice was safe. Records needed expanding upon providing clearer direction for staff and records clearly evidenced what people had received.

People told us enjoyed the meals served. Kitchen staff were aware of people's dietary needs. Where necessary, additional support was sought where people were at nutritional risk. We have made a recommendation about additional aids to assist people and promote their independence.

The registered manager worked with the local authority safeguarding team to address any issues or concerns about people's safety.

Good hygiene standards had been maintained within the home. The registered manager was reminded of

the guidance provided by the health protection team in relation to the wearing of masks by staff.

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

Rating at last inspection

The last rating for this service was good (published 1 January 2019)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to safe care and treatment, medication and staffing levels and practice. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection we have identified breaches in relation to risk management and fire safety, deprivation of liberty safeguards, staff support systems and good governance and record keeping. We have also made two recommendations regarding staffing levels and aids to support independence.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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 care service.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elizabeth House is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 5 July and ended on 25 July. We visited the service on the 5 and 11 July 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the health protection team and the local authority safeguarding and quality monitoring teams who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service and the relatives of two people, to seek their feedback about the service provided. We also spoke briefly with a visiting community nurse.

We spoke with eight members of staff. These included the quality manager, registered manager, care staff and maintenance staff.

We reviewed a range of records. These included the care records for four people, three staff recruitment files, audits and monitoring systems and health and safety checks. We also looked at the management and administration of people's prescribed medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- A review of people's records showed detailed risk management plans were not in place to guide staff in the support people needed. We were told new care planning documentation was being implemented. Completion of assessments would initially focus on those people assessed as high risk or increasing needs due to changes in health.
- A detailed fire risk assessment was carried out in January 2022. A number of areas required action within a 4month period. The registered manager provided a copy of the action plan however this did not evidence all action required had been completed.
- Further action was required regarding a gated stairwell ensuring this did not compromise fire safety. Quotes were being sought so a suitable alternative could be put in place.
- Internal safety checks were completed by maintenance staff. A review of records showed checks included water outlets, fire safety and general maintenance. We found no record of any recent fire drills, which were also referred to in the fire risk assessment.
- Whilst looking around the home we found call bells were not available in all bedrooms. When asked, staff told us handsets would be moved from room to room depending on people's needs. However, this meant call alerts did not always correspond with the correct room. This could potentially result in a delay in staff responding to people's requests for help.

Effective systems were not in place to minimise potential risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Records in relation to the application of topical creams, thickeners and PRN (when required) medicines needed expanding upon, so clear direction was provided for staff and records clearly evidenced what people had received. In addition, codes were used on the administration sheets, were unclear and did not clearly explain why medication had or had not been given.
- People told us they were supported by staff with their medicines. One person told us, "There are no issues, I get me medication when I need it." Another said, "The main issue with medicines is so many people [staff] have been doing them." We were told medication was only administered by the senior care staff.

Clear and accurate records need to be maintained in respect of each people in relation to the care and treatment provided. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- To provide better storage of people's prescribed medicines a new treatment room was being created offering a better working environment.
- We were told staff responsible for the administration of medication had completed relevant training along with assessments of competency to check practice was safe.

Staffing and recruitment

- People we spoke with told us sufficient numbers of staff were not available to meet their individual. We were told, "They are short staffed at the moment", "They don't always have enough staff though for all the people who need them here" and "It takes ages for them [staff] to answer the buzzer. I think that's because they're short-staffed."
- From our observations and discussion with visitors, on the first day of our inspection, we found people's needs were not met in a timely manner. On the second day of inspection, we were told and saw that staffing levels had been increased throughout the daytime.

We recommend the provider regularly monitors and reviews staffing levels so sufficient numbers are available to meet the current and changing needs of people.

- Issues had been raised with us prior to the inspection about changes in the staff team and poor communication with third parties. A discussion with staff and review of records showed little turnover in staff. We were told new staff had experienced some initial issues however this was now settling, and the team was working well together.
- We reviewed personnel files for four staff. Relevant information and checks were carried out prior to new staff commencing their employment. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place for the reporting and responding to concerns, so people are kept safe. The registered manager was working with the local authority to address recent issues.
- Discussion with staff and a review of records confirmed training in safeguarding adults and children had been completed. Those staff we spoke with knew what to do should an allegation be made so people were protected from harm.
- People we spoke with said they felt safe and were happy living at Elizabeth House. We were told, "I feel fairly safe here, I'm as happy as I can be here", "I feel safe here and the carers have been good so far" and "I am happy here and feel safer here than I did at home where I was falling."

Preventing and controlling infection

- Systems were in place to manage the risk of cross infection. The registered manager was reminded of the guidance provided by the health protection team in relation to the wearing of masks by staff.
- Following a review of infection control procedures, published January 2021, we were assured good infection control procedures were in place. We found these had been maintained.
- Visits were safely and effectively facilitated; people were supported to maintain contact with their family and friends and appropriate arrangements were in place to keep them safe. People and visitors told us, "Visits have always been encouraged" and "Visiting has been good, and the family has been able to come whenever it's been possible."
- Designated domestic staff were provided. We found the home to be clean with no malodours. People we spoke with said, "The home seems clean enough" and "It's clean here, It's nice and warm here too."

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst some people were able to make decisions for themselves, others were not. Records showed only three people were subject to a DoLS authorisation. The registered manager acknowledged there had been a delay in submitting further applications.

People were potentially being deprived of the liberty as lawful authorisations were not in place. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They confirmed further applications were to be made as a matter of urgency.

- A review of care records showed consent and capacity were explored as part of the care planning process. A review of one new care plan showed clear information about how they person had been involved and

consulted about their care and support.

- One person we spoke with said they had been spoken with about their needs and wishes. This was reflected in their care records.
- Policies and procedures along with training were provided to guide staff in MCA and DoLS. Staff were seen offering people choice and seeking their consent prior to assisting with care tasks.

Staff support: induction, training, skills and experience

- A programme of staff training was provided, which included e-learning and face to face training. Records showed and staff confirmed regular training was provided.
- A review of staff personnel records provided little evidence of staff induction and supervision to help support and direct them in their role. Staff told us structured supervision had not always taken place; however, they felt they worked well as team.
- People we spoke with were aware there had been changes in the staff team. One person felt staff skills were mixed, adding; [carer] and [carer] are skilled and caring but the others are not always as good.

The provider must ensure appropriate induction, supervision and support to enable them to carry out the duties they are employed to perform in a safe and effective way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Observations at lunch time identified support and encouragement for some people was not provided. Aids such as plate guards or adapted cutlery were not provided enabling people to eat independently.

We recommend the provider explores suitable aids to help support and promote people's independence.

- Kitchen staff were aware of people's likes and dislikes. People we spoke with said they were happy with the meals provided. People told us, "The meals aren't bad here because it's fresh food" and "The cook is very good."
- Where people were at nutritional risk additional advice and support was sought.
- In April 2022 the service achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

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

- A local GP visited the home on a weekly basis. Staff said this worked well as changes in people's well-being could be quickly addressed.
- People we spoke with confirmed they had access to a doctor when needed. One person said, "I've never needed a GP for an emergency but the local GP visits once per week and I can see them."
- Another person told us due to restrictions there had been a delay in their optician and audiology appointments. Staff confirmed this was being followed up and new appointments made.
- We also spoke with a visiting community nurse. They felt communication and support during visits could be improved. This was discussed with the registered manager. It was anticipated increased staffing will help to resolve this.

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

- During the inspection we toured the building, looking at communal areas, bathrooms and bedrooms. We found areas of improvement were needed to enhance the home. We were told the provider was planning a programme of refurbishment however no date for completion had been arranged. This is referred to further

in the well-led section of the report.

- Staff spoken with felt the environment was tired and in need of some improvements providing a more homely environment
- A maintenance man was employed and took responsibility for minor repairs, redecoration as well as health and safety checks.
- Aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing and raised toilet seats.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

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

- The manager registered with the Care Quality Commission in October 2021. Whilst the registered manager had formally notified CQC of events within the home, appropriate and timely action had not been taken with regards to seeking lawful authorisation to deprive people of their liberty.
- Robust governance systems were not in place. A review of audits, exploring medication, infection control, call bells, slings and environment did not reflect shortfalls found during this inspection, such as staffing levels, risk management, fire safety and environmental issues.
- A review of audits also showed information was incomplete, for example, names and dates of completion were not provided and details of equipment checked was not recorded. Where action had been identified, no action plan had been completed.
- Whilst areas of improvement had been identified across the service, we were told no formal business improvement had been drawn up detailing how and when they intended to achieve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and their visitors told us there had not been any residents' meetings or questionnaires, seeking their feedback, for some time.
- We were also told there was little stimulation and lack of opportunity for people to join in activities in and away from the home. People we spoke with said, "It's okay here but I get very, very lonely. I like to meet people and have conversations like the one we have just had" and "Lack of stimulation is a big issue. We have no activities at all." One visitor added, "I do feel that people lack motivation and stimulation. There's only been one singer in on one occasion as far as I know."

Systems and processes to monitor and improve the service provided had not been effectively embedded to evidence on-going and continuous improvements, so people experienced a good outcomes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to unforeseen circumstances the registered manager has had a period of absence, staff spoken with

felt the team had been supportive of each other and pulled together so people 's needs were met.

- Staff told us they felt supported in carrying out their role and responsibilities. Team meetings provided staff with the opportunity to discuss areas of work as well as issues and ideas. All those spoken with had confidence the manager would address any issues brought to her attention.

Working in partnership with others

- The service worked in partnership with a local GP surgery, providing weekly support for people at Elizabeth House.

- The registered manager worked with the local authority provider relationship team, who monitor the service and safeguarding teams to help ensure people received their agreed care and support in a safe and well managed way.

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 Effective systems were not in place to minimise potential personal and environmental risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were potentially being deprived of the liberty as lawful authorisations were not in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor and improve the service provided had not been effectively embedded to evidence on-going and continuous improvements, so people experienced a good outcomes. Clear and accurate records need to be maintained in respect of each people in relation to the care and treatment provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Appropriate induction, supervision and support was needed to enable them to carry out the

duties they are employed to perform in a safe and effective way.