

Peaceform Limited

Eliza House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eliza House is a residential care home providing accommodation and personal care to up to 26 people aged 65 and over some of whom were living with dementia. At the time of the inspection the service was supporting 13 people. Eliza House accommodates and provides care and support to people in one adapted building.

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

The nominated individual, registered manager and the staff team had made significant improvements overall in the management of the home and the quality of care people received. This was reflected in the feedback we received from relatives, staff and health care professionals.

We observed people to be safe and were supported by care staff who knew them well and responded to their needs accordingly.

Care plans were person centred and were reflective of people's current care needs. Individualised risk associated with people's health and care needs had been assessed and documented with clear guidance for staff on how to minimise the identified risk and keep people safe.

Health, safety and infection control issues identified at the last inspection had been addressed. The provider and registered manager were working proactively to ensure that health, safety and infection control was regularly monitored. Where potential risks are identified these are immediately addressed.

Processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults. There were enough staff available to ensure the safety of people.

The home smelled fresh and was clean. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

People were receiving care and support that was person centred and responsive to their needs and requirements. Relatives had been involved in the care planning process and in the absence of visits due to the COVID-19 pandemic, had been kept up to date about their relative's health and care needs.

People were supported and encouraged to participate in a variety of activities to promote their well-being. All staff took a responsibility ensuring there was varied programme activities planned and delivered.

The nominated individual with the registered manager had reviewed and implemented several audits and checks to monitor the overall quality of care people received. Issues identified were clearly linked into an evolving action plan which was reviewed and updated regularly.

The provider was working closely with the local authority to implement and sustain improvements.

We have made a recommendation about the provider and management sustaining the improvements and embedding all learning and development going forward.

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 (published 17 February 2020) and there were multiple breaches of regulation. We took enforcement action due to the significant concerns found. A Warning Notice for the breach of regulation 17 was issued to the Provider and Registered Manager following the inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had met the requirements of the Warning Notice.

Why we inspected

We carried out an announced focused inspection of this service on 13 August 2020 to check that the provider had followed their action plan, to confirm they now met legal requirements and to check if the provider had met the requirements of the warning notice we previously served. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. Whilst improvements have been noted under each of the key questions looked at, the overall rating for the service has remained as requires improvement.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Eliza 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

This inspection was carried out by two inspectors. The inspection was also supported by 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. The Expert by Experience contacted people's relatives by phone to request feedback.

Service and service type

Eliza 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 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

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with the nominated individual and four members of staff including the registered manager, the deputy manager, a senior care worker and the activity co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and seven people's medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

After the inspection

We spoke with seven relatives of people living at the home and a further two care staff. We continued to seek clarification from the registered manager 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection and Staffing and recruitment

At our last inspection the provider had failed to assess and manage the health, safety and risk relating to the health and care needs of people, ensure appropriate infection control systems were in place and ensure safe recruitment of staff and their deployment around the home.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risk, safety monitoring and management was assessed to ensure people were kept safe and free from harm.
- At the last inspection we identified several health and safety issues that may have placed people at risk of harm. This included radiator covers not safely affixed to the wall, fire doors wedged open, and hot and cold water running at high temperatures. At this inspection, all issues had been addressed.
- During the inspection we walked around the entire home to check the environment. As part of the walk around we also looked at seventeen bedrooms and two communal bathrooms. No issues were identified.
- Daily, weekly, monthly and annual health and safety checks were completed to ensure people's safety. This included checks and tests of equipment and systems such as fire safety systems, gas and electrical safety. Where issues were identified these were immediately reported and actioned.
- At the last inspection we found that risks associated with people's individual health and care needs were not always adequately assessed and documented. At this inspection we found that risks associated with people's health, care and behavioural needs had been reviewed and updated to reflect current need. There was clear guidance available to staff on how to minimise and mitigate each identified risk.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- At the last inspection we found some malodours in certain areas around the home. The home was now clean and free of any malodours. A review of people's mattresses was regularly completed and where

necessary mattresses were changed. The bed bug infestation had been eradicated.

- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear when delivering personal care and supporting people.
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.
- Recruitment processes in place ensured that only those staff assessed as safe to work with vulnerable adults were employed.
- At the last inspection we found some inconsistencies in one staff members employment file relating to their criminal record check and evidence of conduct in previous employment. These inconsistencies had been addressed.
- Recruitment checks completed included criminal records check, conduct in previous employment and previous employment history.
- At the last inspection we observed that despite staffing levels being set based on people's dependency and need, there were numerous occasions where communal areas were left unattended, placing people at risk of harm. At this inspection we saw that staff were always available in all communal areas ensuring people's safety.
- Relatives and staff that we spoke with confirmed that staffing levels had improved and that the focus from management was to ensure staff were always available to monitor people and their safety.
- Relatives told us, "The staffing level seems to be adequate" and "I have seen an improvement in staffing levels over the last six to twelve months." One staff member said, "Staffing, now it's good. [Registered manager] has been really good and never allows us to have less staff."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes provided information and guidance to staff on how to safeguard people from the risk of abuse.
- Staff received annual training on safeguarding, how to recognise signs of abuse and the actions to take to report their concerns.
- People that we spoke with told us that they felt safe and were happy to be living at Eliza House. We also asked relatives whether they felt re-assured and confident that their loved one was safe. Responses included, "[Person] appears to be clean, tidy and happy and is kept safe as far as I can tell" and "She seems safe and they know her well. They protect her from harm, and I have confidence that she is cared for."
- The registered manager and deputy manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns. Where concerns were raised, learning and improvements were reviewed and implemented.

Using medicines safely

- People received their medicines safely and as prescribed. Policies in place supported this.
- Medicines were stored securely. Medicine administration records were complete and there were no omissions in recording. Loose medicine stock that we checked corresponded with records kept of stock levels.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety.
- Some people received their medicines covertly. The service had followed its policy and procedures and had ensured that multi-disciplinary agreements were in place to ensure decisions had been made in the person's best interest. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- Weekly and monthly checks and audits were completed to ensure people received their medicines on

time as prescribed. Where issues were identified these were recorded and addressed.

- All staff had received the required training to administer medicines safely. In addition to the training each staff member was assessed to confirm their competency when administering medicines.

Learning lessons when things go wrong

- All accidents, incidents and concerns were clearly documented, with details of what happened, immediate actions taken and any follow up required to ensure the prevention of similar incidents or accidents.
- At the beginning of the year, the service had recorded an increase in falls of people living at the home. We saw records confirming the actions the registered manager had taken to keep people safe and minimise the risk of falls. This included the review of people's needs with the appropriate healthcare professionals, falls prevention training for staff and the review of staffing levels to ensure people were never left unaccompanied especially in communal areas.
- Care staff confirmed that the increase in falls had been an area that the registered manager had focused upon within daily handovers and staff meeting so that the required learning and improvements could be made. One care staff told us, "We had training about falls so we are trying to keep an eye on people to minimise falls, we don't leave the floor without any staff."

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 requires improvement. At this inspection this key question has now improved to good. 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; 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

At our last inspection the provider had failed to identify issues around care plans not always being reflective of people's needs and the lack of appropriate activities especially in the absence of the activities co-ordinator.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People received care and support that was personalised and met their needs and preferences.
- Care plans were person centred and gave detailed information about the person, their life history, their likes and dislikes and how they wished to be supported.
- Care plans were reviewed on a monthly basis and where change in need had been identified, this had been updated through the relevant sections of the care plan.
- Relatives told us that they were involved in the care planning process and received regular updates especially where change was noted.
- At the last inspection we identified issues with the complex language used within care plans and the lack of attention to detail when writing care plans. At this inspection we found that these issues had been addressed. Care plans had been simplified and people were referred to with dignity and respect.
- At the last inspection we also identified gaps in recording on monitoring charts which were being completed in response to people's specific health and care needs such as turning charts and food and fluid monitoring charts. At this inspection we found that this issue had been addressed. Monitoring and handover charts were complete with no omissions in recording.
- At the last inspection we found that posters placed at the home did not encourage relatives or visitors to visit the home especially at mealtimes. Relatives visiting at mealtime could make people's mealtime experience a social occasion. At this inspection we found that these posters had been removed.
- People were supported to maintain their relationships with their partners, family and friends. Care plans gave background information on people's current relationships.
- Whilst visitation to the care home was minimal at present due to the COVID-19 pandemic, the service had

put processes in place to ensure that people could meet their relatives safely in a controlled environment. In addition, people were supported to call their relatives using interactive technology such as video calling. One relative told us, "We have spoken to mum on the phone and via video links."

- At the last inspection, noted improvements were observed with the provision and delivery of activities. However, activities were only generally delivered by the activity co-ordinator and in the absence of the activity co-ordinator, care staff did not initiate much in terms of activities, interaction and stimulation.
- At this inspection we found further improvements had been introduced and people were seen to be encouraged and participate in activities and interactions by all care staff, which promoted their well-being.
- We saw and were told that in partnership with the activity co-ordinator, care staff took an active responsibility to ensure the delivery of the activity programme. The deputy manager told us, "It's great, I am impressed the activity co-ordinator is really good and gets people involved and if a person doesn't get involved will do one to one. Staff also take the responsibility to do ad-hoc activities, they really do get involved with the residents."
- Due to the COVID-19 pandemic, people were unable to access the community or go out on trips and outings. However, the home had put together a detailed activity programme which was in line with people's hobbies and interests and included afternoon tea, singing, gardening, bingo, exercise sessions, arts and craft, pampering sessions and baking. We saw photographs of these activities and people's participation.
- For one person who liked animals, the home had registered with the local Royal Society of Prevention to Cruelty to Animals (RSPCA) and before the lockdown due to COVID-19 was enforced, took the person to visit the RSPCA centre and see the animals.
- We asked relatives for their feedback about the provision of activities especially during lockdown. Comments included, "They seem to have plenty of activity and are kept stimulated. It seems a stimulating environment" and "We get regular calls from the activities coordinator telling us what he has been doing such as group exercises etc. They did go on trips before the lockdown."

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.

- People's communication needs and the support they required had been recorded within their care plans.
- Where people had specific communication aids and methods this had been documented within their care plan with detail of how the person was to be supported.
- Care staff knew people well and knew how to communicate with them that was individual to each person.

Improving care quality in response to complaints or concerns

- The service aimed to work in partnership with people, relatives, health care professionals and other stakeholders to proactively address their concerns and complaints so that improvements and further development could be implemented.
- Since the last inspection, the service had received only one complaint. Details of the complaint were documented with information about the actions taken to resolve it.
- Relatives knew who to speak with if they had any complaints or issues to raise and were confident that these would be addressed appropriately and in a timely manner. One relative told us, "We have had no cause to complain and if we did then I feel that we would be listened to."

End of life care and support

- At the time of this inspection, there were no people receiving end of life care.
- People's end of life wishes was documented within their care plan.

- Where people had made the advanced decision to not be resuscitated, this had also been clearly recorded. Records showed healthcare professionals, people and relatives had been involved in these decisions.
- Staff had received end of life training to ensure that they were appropriately skilled to deliver the care and support that was responsive to people's and their relatives needs during that time.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst significant improvements had been made, the service management and leadership needed to ensure that all improvements going forward were sustained and embedded to ensure the provision of good quality care.

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

At our last inspection we found that ineffective management oversight, repeat identified issues and regulatory breaches did not ensure that the service was not effectively managed, and people could be placed at possible risk of harm.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, a warning notice was issued against the provider to address the issues identified within a specific timeframe.

Enough improvements had been made at this inspection. The provider had met the requirements of the warning notice and was no longer in breach of regulation 17.

- A full-time registered manager was recruited in January 2020 and was registered with the Care Quality Commission.
- The nominated individual, registered manager, deputy manager and senior care staff worked together to promote team work, continuous learning and development throughout the entire team.
- The registered manager and senior management team had a clear understanding of the issues that had been identified at the last inspection and was working in line with the provider's action plans to address the issues.
- Several audits and checks were in place which enabled the provider and registered manager to monitor the quality care people received. These audits and checks covered health and safety, medicines management, infection control, care plans and the environment. Where issues were identified, these were incorporated into the appropriate action plan and addressed within a set timeframe.
- All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.
- During the inspection, any concerns identified and discussed with the home management team were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously learning and improving care.

We recommend that the provider and registered manager continue to work proactively to ensure that all improvements and developments implemented are sustained and fully embedded within current management practices and processes so that people continue to receive safe and effective care and treatment which is responsive to their needs.

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

- At the last inspection we identified that the provider and the service overall did not promote a positive culture.
- The nominated individual, registered manager and senior management team had made significant improvements within the home which promoted a positive culture that was person-centred, open, inclusive and empowering, and achieved good outcomes for people.
- During the inspection we observed that people recognised the registered manager and deputy and manager and responded to them positively.
- Relatives also knew the new registered manager and spoke positively about them and the changes they had made.
- However, whilst feedback from relatives was positive about improvements they had noted with the management of the home, relatives also told us that further improvements were required with communication between the home and them.
- Relatives feedback included, "I didn't know that a new manager had been appointed as there was no communication or introduction. Communication could be better though the care team seem good", "There is a new manager. She seems okay but communication could be better, though it has improved since the new manager has been here; it still needs to improve further" and "The manager is accessible, approachable and helpful. We get regular feedback whenever we need it, and during the pandemic there has been a monthly update and a fortnightly phone call for family."
- All staff spoke very positively of the culture and working environment within the home stating that this had improved greatly following the arrival of the registered and deputy manager. Care staff also told us that the nominated individual's approach towards them had also changed promoting support, openness and respect.
- Care staff told us they felt very well supported. One care staff stated, "[Registered manager] has been very supportive. [Nominated individual] has really improved, she speaks to staff with a lot more respect." A second care staff told us, "[Registered manager] is very good, we work as a team, just as family, very supportive. If there is anything you need to work on, she lets you know, and she organises training where she thinks we need to know. [Nominated individual] is good also, she is concerned about the home, she wants the residents to be okay."

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

- At the last inspection we found that the provider had not submitted statutory notifications in a timely manner following a specific incident.
- Since the last inspection we found that the registered manager demonstrated a clear understanding of their statutory responsibilities when submitting the required notifications to the CQC and other statutory authorities.
- The management team were working in partnership with the local authority quality monitoring team and a variety of health professionals to implement the required improvements.

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

- Relatives confirmed that they were involved in the care planning process and especially during the lock down period had been contacted and consulted regarding the care of their relative.
- Relatives, health care professionals and staff had also been asked to engage with the service and give their feedback about the quality of care delivered through the completion of satisfaction surveys.
- Surveys were completed periodically and were topic specific which included activities provision, food and support. Overall feedback received had been positive. Where issues were identified these were incorporated into the providers action plan.
- Care staff told us that they had regular staff meetings which enabled them to share experiences, learn from each other and make suggestions. We were told that the management team always listened and responded positively to them recognising and valuing their contribution. One care staff told us, "Because we have to keep ourselves updated we have staff meetings, special ones to talk about COVID-19, follow procedure, PPE, we can speak no matter how difficult, speak your mind, they do take our opinion on board, they listen especially [registered manager]."
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, GP's and the local authority.