Anchor Trust

Elizabeth Court

Inspection report

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Ratings

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

Overall summary

Elizabeth Court is a purpose built care facility that provides accommodation and personal care for up to 60 people. It is set over three floors and divided into five units. Each unit has its own dining area, small kitchen and lounge. The home supports older people, most of whom may be living with dementia or other conditions, such as Parkinson's, as well as people who require daily support. On the day of our inspection 41 people were living in the home.

This inspection took place on 17 March 2015 and was unannounced.

The home is run by a registered manager, who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Where restrictions were in place, staff had not always followed legal requirements to make sure this was done in the person's best interest. The registered manager had submitted some Deprivation of Liberty Safeguards (DoLS)

Summary of findings

applications to comply with their responsibilities, but they had yet to complete this piece of work. Processes in relation to the Mental Capacity Act (MCA) 2005 required improvement by staff .

We recognised the registered manager had undertaken a lot of work since they had started in the home. However, we found some areas required further work to enable us to say the home was consistently well-led. For example, we found care plans contained information to guide staff on how someone wished to be cared for. However, they did not always contain up to date information about people in relation to their care which meant staff may not be following the latest guidance .

People told us they felt safe and staff had access to written information about risks to people and how to manage these.

People were supported to take risks within a supportive environment and staff had carried out appropriate checks to make sure any risks of harm in the environment were identified and managed. For example, if people wished to smoke this had been assessed and protective equipment and procedures were in place to help keep people safe. Staff understood the need to use the correct type of sling for a person who required to be moved by a hoist in order to keep them free from harm.

Medicines were managed effectively and staff followed correct and appropriate procedures in relation to medicines. Medicines were stored in a safe way.

Staff knew how to recognise the signs of abuse and had received training in safeguarding adults. There was a copy of the Surrey multi-agency safeguarding procedures available to staff in the office and telephone numbers for people and staff on a noticeboard in the lobby.

Care was provided to people by staff who were competent to carry out their role effectively. The provider had taken steps to help ensure they employed staff appropriate for the role. Staff received regular training and supervision, although the registered manager told us staff appraisals were not up to date and this was a piece of on-going work.

We found enough staff on duty on the day of our inspection and did not see anyone waiting to be supported. We had feedback from some people and relatives that staffing levels had not always been consistent. The registered manager had worked hard to ensure they provided enough staff to enable people to receive care and support when they needed it.

It was evident staff had developed good relationships with people and knew them well. Staff were able to tell us individual information about people which told us they spoke with them and showed an interest in their past. Staff treated people with kindness and compassion and people were shown respect and allowed their privacy.

People were involved in their care and support and were encouraged by staff to do things for themselves, for example doing some washing up. People were provided with a choice of meals and facilities were available for people or staff to make drinks or snacks throughout the day.

Staff ensured people were referred to healthcare professionals to keep them healthy or when their health needs changed.

People were enabled to maintain their independence and take part in activities to reduce the risk of social isolation. During the day we heard staff speak to people in a kind, caring and encouraging manner. Staff took the time to work at people's own pace and they never hurried or rushed people.

Complaint procedures were accessible to people and details were displayed on the noticeboard. We read the registered manager had responded to the complaints they had received.

Staff involved relatives in the running of the home by holding regular family meetings where everyone could express their views.

The registered manager was involved in the day to day running of the home and had a good understanding of the aims and objectives of the service. This was supported by our observations and staff comments. Staff said the registered manager checked they knew of and were following best practice.

We saw evidence of quality assurance checks carried out by the provider and staff to help ensure the environment was a safe place for people to live.

Summary of findings

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Staff followed good medicines management procedures.

We found enough staff on duty during the inspection.

Staff knew what to do if they had any safeguarding concerns.

Staff supported people to take risks in a supportive way.

Appropriate checks where undertaken to help ensure suitable staff worked at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Although staff had understanding of Deprivation of Liberty Safeguards and the Mental Capacity Act, not everyone's mental capacity assessment had been undertaken and people's movement was restricted without the proper authorisation.

Staff were trained and supported to deliver care effectively, however they did not receive regular appraisals which meant they did not have the opportunity to meet formally with their line manager.

People were provided with enough food and drink throughout the day.

Staff ensured people had access to external healthcare professionals when they needed it. People were supported to remain healthy.

Is the service caring?

Good

The service was caring.

People were treated with the attention they should expect.

Staff let people make their own decisions about their care and individual needs were met.

Staff knew people well and welcomed visits from friends and family.

Information was provided to people and their relatives.

Is the service responsive?

Good

The service was responsive.

People received responsive care.

People were supported in a range of activities and individual preferences were met in relation to people's interests.

Summary of findings

People were able to express their views and were given information how to raise their concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although the registered manager had achieved a huge amount of work since they started in the home, there were areas that required further improvement. For example, care records did not always contain the most up to date information on a person.

People and relatives told us the registered manager was very supportive and visible in the home.

Quality assurance checks were carried out to monitor the quality of the service.

Staff were able to give feedback in relation to the home.

Elizabeth Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2015 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

We did not ask the provider to complete a Provider Information Return (a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make) this was because we were responding quickly to information and concerns that had been raised with us.

As part of our inspection we spoke with 14 people, 10 care staff, and one visitor, the registered manager, the district manager and two healthcare professionals. We received feedback from 13 relatives. We observed care and support in communal areas and looked around the home. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff.

We reviewed a variety of documents which included nine people's care plans, ten staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We last carried out an inspection to Elizabeth Court in April 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People told us they felt Elizabeth Court was a safe place to be, and they were free to move around the home. One person told us, "Yes, I have definitely been safe here." Another person said, "Everywhere here is very safe and I can move around if I wish." A further person said, "I know my limitations, I can move around in a wheelchair or with my frame, but there is always someone with me."

Relatives told us, "There seems to be enough members of staff there when I visit her." And, "She has always had the freedom she's needed with her safety being a primary concern. I am confident my mother is safe from ill treatment."

People got their medicines on time and when they requested them. People said they got medicines when they expected them and could request painkillers when they wanted them. People said, "They would tell me what my pills were for." They give it to me and check I take it and record it." A relative told us, "One of the advantages of her being at Elizabeth Court is that she receives her medication promptly."

People received their medicines in a safe way by staff who followed correct medicines management procedures. We saw staff ensured people had taken, and swallowed, their medicines before they completed the Medicine Administration Record (MAR). Each person's MAR included a photograph of the person to enable staff to check they were giving medicines to the correct person. Details of allergies were included on the MAR. We heard staff explain to people what medicines they were taking and ask people if they were in pain and required any 'as required' medicines. Staff did not leave unattended medicines on display or issue medicines to more than one person at a time. One person refused to take their medicines and we saw staff had recorded this appropriately on their MAR. We saw boxed medicines had an audit chart where staff had counted the stock levels on a daily basis. We read medicines audits had been carried out regularly and any actions identified had been undertaken. Recent medicines audits had identified no actions required of staff. Staff told us they had received training in medicines and we saw a chart that stated which staff were able to administer and sign for prescribed medicines.

People who required topical creams (creams which can reduce inflammation or reduce pain) had their MAR chart completed correctly with the application of cream as per prescription guidance. Body maps were present to direct staff on where and how to apply the cream. Staff had access to a medicines policy which gave current and relevant guidance about the management of medicines.

People's medicines were monitored and corrected to help facilitate a positive effect on people. A relative told us during a stay in hospital their family member's medication was stopped completely. Since their return to Elizabeth Court staff, under the guidance of the GP, had stabilised their condition by re-introducing their medicines over a period of time which had resulted in them being less anxious and stressed. Another person had resisted help with personal care. Staff had asked the GP to review their medication and since then they were happier and more social.

Staff levels met people's needs. People told us, "There are plenty of staff about." A relative said, "There are always plenty of staff available when I visit." We saw staff had ensured people sitting in their room had their calls bells within reach of them. People said, "If I use the buzzer I do not have to wait long." Staff told us staffing levels had improved since the registered manager had taken up post and generally felt there were enough staff on duty. One staff member said, "I spend time chatting with people and there are enough staff for me to do that." Another member of staff told us, "Things are better, there are now two staff for five people. There are times we have 15 or 20 minutes to take people out or spend on one to one social interaction with people." This was reiterated by other staff who said staffing numbers had increased which allowed them to complete all the care required and spend time socially with people. They told us, "The mornings are usually a good time to chat. When we are getting people up and ready for the day." People told us they could choose what time to get up and we saw those who wanted to, up and dressed and participating in activities by mid-morning. The registered manager told us they had increased catering and housekeeping hours which meant the kitchen was now open until 6.30pm in the evening for staff to access if people wished a snack. The housekeeping staff said they had sufficient time to undertake all of their duties and they had noticed an increase in care staff as previously they may have been asked to assist with supporting people to eat at mealtimes, but this rarely happened now.

Good

Is the service safe?

Staffing levels were adjusted to meet the needs of people. The registered manager told us 10 staff were on duty each day and five at night which included a mixture of team leaders and care staff. They said they determined staffing ratio's using the generic dependency tool but adjusted this based on the needs of the people living in the home at the time. The registered manager explained that, for example, they had added an additional member of staff recently as they had some people who were receiving on end of life care. The home consisted of five units and the registered manager explained each unit had two care staff. During our inspection we saw plenty of staff around and did not observe anyone waiting to be supported.

We did receive some feedback from people that they felt there was a shortage of staff occasionally at nights and weekends which resulted in them waiting longer to be assisted. And one person told us they had their bed sheets changed at midnight because staff did not have the time to do them before. Relatives said staffing levels had been discussed at family meetings as an area of concern. This was an area that the registered manager had focussed on when they first started at the home and staffing levels had improved considerably over recent months. The registered manager said she would continue to monitor the situation.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. They said (and we saw) there was a policy available to them which gave information on what they should do if they had any concerns. A member of staff said they would report anything of concern to the manager and if necessary they would use the whistleblowing procedures to raise concerns. Another member of staff told us they had reported concerns to the manager at one time and it was dealt with straight away. Staff told us they had access to out of hours telephone numbers for external agencies if they needed them. The area manager showed us a questionnaire to test staff's knowledge on safeguarding which was to be handed out at the April team meeting. Our observations over the course of the day confirmed staff worked in a way that matched the information available to them.

People were supported to understand what keeping safe means. Information was available for people in the communal areas. This told them about abuse and what to do should they wish to report any concerns they may have about this. One person told us, "No one is rough with me but I would tell them if they were."

Risks to people were managed in a way to keep them safe, but also to protect their freedom. People said they had freedom to move around independently. We saw staff support someone to walk because they wished to do it themselves. Staff tried to ensure they supported this person in an appropriate way; for example offering to get them a wheelchair when they could detect they were getting tired. This meant staff protected people but let them retain their independence. Staff were able to give us examples of risk and safety issues and how they would deal with them. For example, one member of staff told us how one person was bedbound, and they had a sensor mat to alert staff if they fell out of bed and they ensured they turned and repositioned people who required it regularly to avoid the risk of bed sores.

People were moved in a safe way to protect them from harm. People who required to be hoisted to be moved had their own slings. Staff described to us how these were specific to the person and determined on the person's weight. We saw two staff move one person with a hoist. We heard the staff reassure the person throughout and encourage them. Another member of staff helped a person walk with their frame. The member of staff talked to them all the time, advising and reminding them to walk slowly and take their time. One person told us, "They use a hoist to put me into my wheelchair and there are always two of them (staff)."

People would continue to be cared for in the event of an emergency of evacuation. Staff had an emergency plan which included information on the support people required should they need to evacuate the building. Each person had their own individual evacuation plan to ensure they were moved safely and appropriately.

Requires Improvement

Is the service effective?

Our findings

Consent to care and treatment was not always sought in line with legislation. Although the registered manager knew of the requirements of the Mental Capacity Act (MCA) 2005 where people may not be able to make or understand certain decisions for themselves, further work was needed to ensure best practice and guidance was followed. Mental capacity assessments had not been carried out for people and best interest meetings had not been held when decisions had been made on behalf of people. We found little evidence of capacity decisions or regular involvement in care planning. Staff told us they understood the basics around the MCA and best interest decisions. One member of staff told us, "It is when we discuss a decision with someone else other than the person, because they do not have capacity." The registered manager told us this was a piece of on-going work.

The registered manager understood the difference between lawful and unlawful restraint, but had not followed proper guidance to obtain authorisation when appropriate. Deprivation of Liberty Safeguard (DoLS) applications had been submitted for three people where their freedom was restricted in order to help ensure their safety. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. However, we found people on the middle and top floor were restricted as there was a keypad entry system and some people wore lap belts in their wheelchairs which restricted them from getting out of their wheelchair. No applications had been made to establish that this was an appropriate practice.

Staff did not always ensure decisions about the use of restraint were appropriate. One person experienced behaviour which may challenge others. As a result, a decision had been made to lock the bedroom doors of the people who lived on the same floor when the rooms were not being occupied. We spoke with the registered manager about this as it meant people could not have privacy in their rooms when they wished it. The registered manager said they were due to review the current arrangement to see if they could find a better alternative.

The lack of following appropriate guidance in relation to the MCA or DoLS was a breach of Regulation 28 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

One person told us, "The meals are lovely, the menu is varied and the portions are fine." I can have a drink at any time." Another person said, "The food is excellent, there is choice and if I fancied something else I would ask for it and they would do it." People told us they got enough to eat and there were drinks, biscuits or fruit in between meals. We saw this happen throughout the day.

Staff identified risks to people with complex needs in their eating and drinking. This meant they were served with appropriate food. We saw in each unit staff had access to a dietary summary. This was a copy of the information given to the catering staff. The summary indicated people's individual dietary requirements, for example whether or not they were diabetic or required pureed food. One person required a gluten free diet and we read this had been recorded in this person's care plan and catering staff were aware of it. One member of staff told us how important it was to involve external health professionals if someone was experiencing difficulty with food. For example, a dietician, the GP or the speech and language team (SaLT) and we read evidence of this in people's care plans.

People were involved in decisions about what they ate. People told us, "Staff will get anything you want in between meals from the kitchen." One person said, "I buy things, like soups and they (staff) make it for me when I fancy it." We saw staff making toast for people mid-morning at their request. Breakfast consisted of a full range of food, from a cooked breakfast to cereal. People had a choice of eating in the dining room or their own rooms. Meal choices were displayed in the lobby of the home as well as on individual menu's in the dining room and people could ask for an alternative if they did not like what was on offer. We saw a sufficient number of catering and care staff available to ensure prompt serving of food, to help people who needed help to eat and to take trays to people's rooms. We observed staff supporting one person to eat, they sat beside the person chatting and taking their time.

Staff checked people had sufficient amounts of food and liquid. We heard staff ask if people had enough food or whether they wished something else. We found people who were sitting in their rooms during the day had drinks

Is the service effective?

within reach. Water or juice was available in the lounge area and there was a water machine for people to use as well as a small kitchen area in each unit where staff could make people drinks or snacks.

Staff received appropriate training to help ensure they were confident in their role. Staff said they received induction training before they worked on their own. This included modules such as manual handling, health & safety, food hygiene and safeguarding. Staff said the induction was robust and they felt confident once they had completed it. Staff were seen to carry out their duties without supervision and in a competent manner. People told us, "They do work without being supervised." And, "They are very good, they seem well qualified." A further person said, The staff are very good; properly trained. They know what care and help I need."

People received support from staff who had the necessary skills. Staff were kept up to date with training over the course of the year which kept them abreast of current guidance and best practice. We looked at the training records and read that subjects such as fire safety, food and nutrition and infection control had been completed by staff. One staff member told us, "The training is good and we can go to any training which will help us improve. I've recently been on a course where we learnt about the effects medicines can have on a person's brain." Another staff member told us they had recently attended training about why people may have falls. Staff were aware of the different types of dementia and how they could affect people. One member of staff told us they knew of the different characteristics and the impact they had. A housekeeping member of staff said they were grateful to have received dementia training too as this helped them to do their job.

We read staff had regular supervision but were not given the opportunity to meet with their line manager formally on a one to one basis. This was confirmed by staff. One staff member said, "We have supervisions every three to six months." The registered manager told us staff appraisals were not up to date and they needed to reintroduce them. An appraisal means staff can meet with their line manager to discuss their progress, any concerns they have, progression they wish to make and training requirements. The registered manager said team leaders were taking responsibility for ensuring staff had an appraisal.

The care staff provided had a positive effect on people. Due to staff support and encouragement one person now walked using a walking frame, whereas before they were in a wheelchair most of the time. A member of staff told us, "We did exercises with someone every day which now means they can walk on their own." One relative told us, "The staff have made a huge different to my mother's quality of life, due to their experience and training." Another relative said, "Her condition deteriorate in one way. It went down, but now it is coming back up again as staff encourage her to be independent and make her own decisions."

Staff adapted their ways to help communicate effectively with people. One member of staff told us, "I will change the tone or speed of my voice so people can understand." Relatives of one person who had a visual impairment told us their initial fears that they may be neglected were unfounded as staff always announce themselves to allow her to recognise their voices."

People were supported to remain healthy. People told us staff arranged for them to see healthcare professionals. One person said, "I can get to see the doctor at any time." Another told us, "They would definitely organise a medical appointment." Relatives said, "Her physical health seems to be good." And, "The staff are very prompt about notifying the local doctor or calling out the paramedics if needed and they notify me very promptly." One person had swollen legs and staff had called the GP who had advised to keep the persons legs raised. There were documented notes in the daily record that this had been happening. Staff said some people had been keen cyclists in their earlier life and they had introduced cycle pedals for people to use as exercise.

Good

Is the service caring?

Our findings

We received a lot of positive comments from people about staff in the home. These included, "The staff are kind and caring. They do have a laugh and I am generally very happy here." And, "They are usually very kind and do have patience." And, "The staff treat me well; kind and respectful. They encourage independence and let you do things for yourself."

Relatives reiterated this with their comments which included, "Every time I go to Elizabeth Court, the staff seem cheerful and busy." And, "I have only witnessed kindness and respect towards my mother from the staff."

Staff showed concern for people's well-being. The sitting areas in each unit were where most people sat. It was the place where staff gathered and had to pass through to get to bedrooms, etc. and so we saw people sitting there had regular interactions with staff and visitors. A relative said, "Staff always encourage her to be in the main areas with others so there are always people around to make her feel at home and not lonely." Another relative told us that although their family member remained in their room for the majority of the time, they did not feel staff left them isolated.

Staff had a good understanding of people's needs; they spoke quietly to people and gave time to people with communication difficulties to respond. We observed staff speaking to people in a kind compassionate way. Staff knelt down to people who were sitting in chairs so they spoke with them at their level, rather than bending over them. Staff were caring and supportive to people who needed assistance in eating and interacted with people in a positive way during lunch. We saw staff talking with people, helping with drinks and fruit and encourage one person to undertake an activity, which the person clearly enjoyed. One staff member told us, "Residents are our main priority, their lives here are all important."

Staff took practical action to relieve people's distress. We saw one person who became upset being comforted by staff in a kindly and concerned manner. They spoke gently with them and talked about their distress, listening to them in an attentive way.

Staff treated people as though they mattered and as individuals. One person told us, "The staff do chat about things to do with me." We heard staff talk to people about their interests, or the television programmes they liked. It was evident staff knew people well and knew their relatives and visitors. Staff were able to describe to us individual aspects of people. For example, one staff member told us, "One person likes watering the flowers, so we give them a jug to allow them to do it." Another person liked to wash their own cups and they were encouraged to do this. A member of staff told us, "We have people who stay with us after coming in for respite. They're happy, that's what we're here for."

People could make decisions about their care and were actively involved in expressing their desires. A relative said, "She has been quite capable of letting her wishes be known. The staff have supported her to have breakfast at 9.00pm, when she has insisted it is the morning." Two people had chosen to have their cats live with them. Another person was sitting in their night clothes at 11.30am which was their choice. We saw staff check they were warm enough, bringing drinks and checking they were okay. A further person was asked each day by staff whether or not they would like to sit in their wheelchair or a normal chair. One person was celebrating a special birthday in the home and had a particular wish on how they would like to celebrate it which was being arranged by staff.

People were treated respectfully by staff. Staff were heard to address people by their name and spoke and treated them in a kind and respectful manner. People said interaction between them and staff was good and we observed this during the inspection. One person told us, "The laundry gets full marks; they turn your washing around in just hours." Another person said, "They do knock on my door and I prefer ladies to look after me and that happens."

Relatives and friends were able to visit without restriction. One person said, "Family can visit at any time." Another told us, "The family can visit whenever they please." And, "Visitors can come at any time and they are made to feel welcome by being offered tea" Relatives told us, "We are encouraged to treat the place as though we were visiting mum at home. We can call in anytime. We can make tea for ourselves." And, "We have been to see mother at most times of day and have always found her well, happy and the staff equally pleased to see us."

People's individual needs were met, their privacy respected and their independence encouraged. The registered manager was a lay preacher and able to lead Communion

Good

Is the service caring?

for people within the home. One person told us, “The priest visits me.” Other people who needed to attend hospital appointments or outside appointments were supported by staff to do so. One person said, “When I went to hospital, someone accompanied me.” One person told us, “I have the freedom to move around the floor, I like going to the other dining room.” A relative said, “She is completely free to stay in her room or sit in the public areas if she wants to.” Another relative said, “The staff always ask mum if she wants a cup (of tea) rather than just putting it down in front of her and if there is a choice of cake or biscuit, she is asked which she would prefer.” Some people had memory boxes (boxes where people can place items or pictures that having meaning to them) outside their room. This helped them to identify their own personal space.

People received information about the service in the form of a regular newsletter. This contained news about new staff, what events had taken place, information about people new to the home and details of forthcoming activities.

Good

Is the service responsive?

Our findings

People felt staff responded to their needs. One person said, "If I rang the alarm, they have responded quickly." Other people told us, "Yes, I do get the care I need and expect," "Always somebody you can talk to if you need to." And, "Staff made me feel welcome, introduced me to other residents, they tell me what is happening and ask if I have got everything I need." A relative said, "One of the symptoms of her advanced dementia is high anxiety, but we have seen how the staff kindly and lovingly handle these episodes to a point where they get a level of response and recognition that we can't."

People's support needs and information about their lives were recorded in care plans. This included personal details such as the person's likes and dislikes, their personal care requirements, dietary needs and mobility. We read families were involved in developing a plan of their relatives care and saw care plans were reviewed on a regular basis. A staff member said, "I feel I know people well. I also try to get to know the relatives as they tell me about their family member and I learn things, like how one gentleman likes golf and this helps when he gets a bit agitated." One person said, "Everything is recorded in my care plan, they speak to me about things like my medication." Another person told us, "I am not aware of my care plan, but they (staff) do talk to me about my care, like having a bath." Relatives confirmed staff provided care that met people's needs and care was changed appropriately when needed.

People's needs were assessed before they moved into the home and if specific items were required for people, staff provided these to ensure people's needs were responded to. One person told us, "The special bed is supplied by the home." Another person who had mobility problems had a 'magic eye' (a movement sensor) installed in their room.

Changes in people's care and support needs were discussed when new staff came on shift. A handover was given to update them on how people were and if there were any changes in their usual care needs. For example, staff were informed if someone was unwell or if there was any specific support a person needed. Each member of staff had their handover sheet for the day they could refer to.

People were not socially isolated. Staff ensured there was a variety of activities taking place each day. Staff told us activities were available up until 8.00pm if people wanted them. Staff said they varied the activities to make them relevant to the people who were participating. For example, for people who had advanced dementia activities were often visual, rather than interactive, and ball games and bubbles were used to encourage people to participate. Arts, crafts and quizzes were organised for people who were more able and each unit had a concourse area with a table where activities were left out for people to pick up when they fancied it. Evening activities had been introduced as a way of engaging people who liked to do something later on in the day and staff told us they had introduced iPads as an alternative way of engaging people. One person used the iPad to assist them to sleep as they could listen to the music they liked. One member of staff told us, "We had a music event on this floor. That has never happened before." We heard staff chat with people when they were in their rooms.

People were supported to follow their interests. A relative said, "She enjoys dancing and the staff engage/encourage her in this." We saw people being delivered newspapers and one person with a visual impairment was supported by staff to continue to attend their blind club meetings. One person told us, "They (staff) involve me with a magnifier to help me. I am involved in the church services and I am allowed to bring things of mine into this room and have my own chair in the lounge." One person said, "I need to go to work, a job to do would be useful." We heard a staff member ask if they would like to help fold napkins. Another person was supported to wind wool for their knitting. A member of staff told us, "You need to bring back the people they were and think about their previous life and how they lived."

People and relatives were involved in the running of the home as joint resident and relatives meetings were held where they could participate in making decisions, express their views or make suggestions. One person said, "My daughter comes to meetings here." Another told us, "There are residents meetings from time to time." A relative told us, "The manager is visible enough and has regular meetings with the family members, so there are opportunities to make suggestions." Another relative said, "There are family meetings where we are encouraged to make suggestions and/or complaints, we have been to some of these and have found them useful."

Good

Is the service responsive?

There was a complaints policy available to everyone. This gave information on how to make a complaint and how the home would respond to any complaint. People told us they had no complaints, but would know how to complain if they needed to. They told us they would speak to the (registered) manager. One person said, “I’ve never complained but I would and I would say something to a member of staff.” Another told us, “I’ve never complained, but would. I would say it to the team leader or the office.”

The registered manager had a system for recording if complaints were received, what action was taken and what the outcome was. We saw there had been four complaints in the last twelve months which the area manager confirmed had all been dealt with. A relative said, “We are told we can report concerns to the staff and talk to them about issues concerning the home.” Another told us, “If we needed to make a formal complaint we are comfortable with the relationship we have that we could do so.”

Requires Improvement

Is the service well-led?

Our findings

People were happy with the registered manager. They told us, "The (registered) manager is very interested in the residents; she comes around," "She greets everybody and gets things done." And, "She is very approachable and we have the freedom to speak to her." Relatives said, "There is always someone in authority around for me to ask questions about my mother's care." And, "We feel the home is well managed and we feel very fortunate to have mother there." We saw the registered manager and staff interacting with people throughout the day. The atmosphere in the communal areas was calm and people said the management seemed approachable and would sort out any issues.

We saw evidence during the inspection of the work the new registered manager had undertaken since they had started work in the home. However, we recognised some areas of work needed to be completed to embed their achievements to date. For example, in relation to supporting staff and record keeping.

Records were not consistently completed or robust. For example we noted in the handover notes from the team leaders that one person had a skin tear, however this had not been recorded in their care plan. Monthly skin integrity assessment and weight checks should have been carried out for this person but there was no evidence this had been done. Other people required weekly weighing. Staff told us this was being done, but we could not find evidence in people's care plans it was happening. Another person's last record of receiving a bath was January 2015, although staff said this was happening. This meant a new member of staff may not be aware that a person was receiving regular personal care in relation to bathing. A further person had conflicting information in their care plan. Both care and catering staff knew this person could not eat wheat however there was no mention of this in any of the reviews of their care plan. One persons' hoist and sling assessment had not been updated since January 2014. This meant new members of staff who may not know people may not follow the latest guidance. We also read in the handover notes someone had lost their hearing aid two days prior to the inspection. When we spoke with staff about this they could not confirm whether this had been followed up. Care plans contained 'do not resuscitate forms' but it was not evident if decisions had been made for people by people who had the legal authority to do so.

The lack of robust records was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Relatives were satisfied with the care provided by staff at Elizabeth Court. Relatives told us, "Mum has been at Elizabeth Court for over 5 years and we are all happy with the care she has received in that time and continues to receive now," "As a family we have been and still are very satisfied with the care and attention she has from the staff at Elizabeth Court." And, "Elizabeth Court has been a lifesaver."

The home had a clear vision and set of values which were understood by staff. The registered manager told us Anchor had values and behaviours which staff were expected to follow. She said she walked around the home and asked staff on the spot to give her a value or behaviour as a way of checking staff were aware of them. This was confirmed by staff who spoke with us. A member of staff said, "She comes around most days and since she has started we have learnt the Anchor values."

The registered manager understood their responsibilities and instilled confidence in staff. One member of staff said, "The registered manager is always making little improvements, for example making sure we don't let people sit in a wheelchair when they are having their meals and ensuring the medicines are handed out correctly." Another member of staff told us they, "Loved the principals" of the registered manager and felt she was doing a, "Wonderful job." She was doing things that were supposed to happen in the home. "Here, it is the residents come first." Other staff told us, "There has definitely been a difference with the new (registered) manager. Things are running smoothly at the moment." And, "Things have changed since the new registered manager started. You can talk to her and she acts on things quickly."

Staff encouraged open communication with people. Relatives told us staff were good at ensuring information was fed back to them. One relative said, "One of the things we have been impressed with is the processes they have for

Requires Improvement

Is the service well-led?

handling issues and communicating with us." Another told us, "The (registered)manager has an open door policy which appears to be genuine and the team leaders have all been brilliant in terms of communication, understanding our concerns and managing the day to day care for mum."

Care records and staff records were stored securely and confidentially but accessible when needed. The registered manager and staff were able to provide us with all the documents we requested, showing us they were aware of how to access policies and procedures. The registered manager was meeting CQC legal requirements by submitting notifications when appropriate.

Staff involvement in the home was embedded. Staff said and we read that staff meetings were held. Topics discussed at the last meeting including training, medicines and infection control. We read team leaders had meetings and held handovers between shifts. Staff told us they enjoyed working in the home. One said, "I do like and enjoy working here. The manager has made some changes for the better." Another told us, "I feel supported and valued here."

Quality assurance visits were carried out to drive improvement. Internal and provider quality assurance checks took place through internal focused 'inspections' and provider support visits to the home which focussed on particular areas. We read from the last provider inspection gaps had been identified in care plans, DoLS applications and other areas. A recent support visit had resulted in recommendations for staff to purchase sensory items for people and for one person to be transferred to a chair, rather than spending time in their wheelchair. We checked with staff and confirmed both recommendations had been followed. An internal audit focussed on the cleanliness, medicines and catering and we read that following an infection control audit the carpets had been steam cleaned and flooring in some areas of the home had been replaced.

The provider reviewed the delivery of care regularly. The area manager showed us a service improvement plan which had been developed for the home from areas identified as a result of the quality assurance visits and audits. The service improvement plan was monitored and updated by the area manager as part of their drive to towards a high quality service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider was not acting in accordance with the Mental Capacity Act 2005.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not ensure they maintained accurate records for each person.**