

Mrs Barbara and Mr Andrew Watt

St Elizabeth Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection of St Elizabeth Care Home on 26 April 2016. St Elizabeth Care Home provides residential care for up to 17 people. On the day of the inspection there were 14 people using the service. The service was last inspected in February 2014 and met the requirements of the regulations.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and supported people in a caring and respectful way. People were being cared for by competent and experienced staff. A family member told us, "I visit most days and am always made to feel welcome. I feel very happy with the support (person's name) gets here".

Staff understood the needs of people they supported, so they could respond to them effectively. All spoke positively about the staff and the registered manager and felt their needs were being met. Comments included, "It's a lovely place to live. The staff are all very kind and always have a cheery word, I wouldn't want to live anywhere else" and "I couldn't think of a nicer place to live. The staff are very considerate and patient".

The service had safe arrangements for the management, storage and administration of medicines and people received their medicines as prescribed. Regular medicines audits were taking place to identify if any errors occurred.

Staff supported people to be involved in and make decisions about their daily lives. If people did not have the capacity to make certain decisions the service had systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold their rights.

People were able to take part in a range of activities of their choice. On the day of the inspection visit people were enjoying an entertainer who was singing. Some people got up to dance and told us they were really enjoying it. When people wanted to stay in their rooms this was respected by staff.

There were safe recruitment procedures to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us they supported people in a way

that kept people safe.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held to share information and encourage staff to make suggestions regarding the running of the service. Training courses had recently been reviewed to ensure staff had the knowledge and skills to carry out their roles.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included satisfaction surveys for people using the service and their relatives as well as the staff team. Overall satisfaction with the service was positive and results of the most recent survey were available for people to view at various entry points to the service.

People using the service and visitors all described the management of the service as open and approachable and thought people received a good service. Relatives told us, "We chose this home because we had heard really good reports about it and we have not been disappointed. (Persons name) has settled in really well" and "its run just like a family home. We always get asked if we are happy with everything. Very good all round".

Equipment and supply services including electricity, fire systems and gas were being maintained.

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. The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought abusive practice was occurring.

Is the service effective?

Good 

The service was effective. Staff training was being extended to increase the skills and knowledge to provide effective care to people.

People had access to health professionals when they needed to so their health needs were met.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good 

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good 

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

St Elizabeth Residential Care Home

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 was planned to check 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 unannounced inspection took place on 26 April 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views about living at St Elizabeth Care Home and five visiting relatives. We spoke with a visiting health professional during the inspection visit. Prior to the inspection visit we spoke with the local quality assurance and safeguarding authority about the service.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service. We looked at three records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living St Elizabeth Care Home and with the staff who supported them. One person said, "I feel very safe living here. There is always somebody about to help when I need it". The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. Staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "I love working here. Most of us have been here a while. We have the time to spend with people when they need it most" and "The training we get helps us understand people's different needs".

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was periodically updated. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were risk assessments in place which identified risks and outlined the measures in place to minimise risk. For example, additional observations had been put in place to support a person following a series of falls, as well as equipment to support people and reduce the risks of falls. The assessments were specific to the care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs had changed. Staff were being supported with advice from health professionals to ensure the person's medical and care needs were being managed. A health professional visiting the service told us, "The staff are very good at acting on our advice and they keep us informed of any changes. We have a good relationship with this home".

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Medicines were managed safely at St Elizabeth care home. Medicines were stored appropriately and Medicines Administration Record (MAR) charts were completed as medicines were administered. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Staff had received training in administering and managing medicines and weekly audits were completed by the registered manager or deputy manager.

Where a person was administered medicine as required (PRN), the records showed a consistent daily administration of the drug. This showed it was being administered outside the occasional need. We discussed this with the registered manager who agreed the person required a review by the doctor in order to establish whether this medicine required prescriptive administration.

Staffing levels were based upon the level of needs for people living at St Elizabeth care home. Rotas showed there was a skills mix of staff on each shift being supported by the registered manager. People said there

were enough staff to meet their needs, and the staff we spoke with said staffing levels were good. Relatives told us, "The staff are always around when we call. They really make us feel welcome and nothing is too much trouble for them" and "We have been night and day recently and they (staff) have been wonderful. We could not ask for more".

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there was an on-going programme to decorate people's rooms and make other upgrades to the premises when necessary. The first floor was served by a stair lift. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. People made their own choices about whether to stay in their rooms, use the lounge area or both. There were no restrictions on how people chose to spend their time. People told us, "I have everything I need in my room, but I do like to go into the lounge when there is something going on like this afternoon" and "I like to go into the lounge but when I'm in my room staff come and check whether I need anything. Nothing is too much trouble for them". A relative said, "The staff have been excellent for (person's name). They know all about (person's name) likes and dislikes and what (person's name) routine is.

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "Can't fault them (staff), they know exactly what I need and they provide it" and, "It can take me a long time to do anything for myself but the girls encourage me to do things for myself. They are very patient and never rush me". Relatives told us they were very satisfied with the care and support provided by staff. They said, "We could not have managed this difficult time without the support of the staff. They have been wonderful and very supportive" and "I visit regularly and we are always made to feel welcome. If there has been any change we are told about it. Like when the doctor has been or (person's name) needs a blood test".

People had access to a range of healthcare professionals including doctors', district nurses, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a good relationship with the doctors and district nurses". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A relative said, "They [staff] keep us informed of any changes in (person's name) health". A visiting health professional told us the service worked well with them and acted on any issues or instructions. They said they felt staff were competent in their roles.

The service was aware of the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wider theoretical knowledge of good working practice within the care sector. The most recent care worker employed by the service was working through the new system to achieve the care certificate. The registered manager had sought new training programmes including Mental Capacity Act, dementia and health and safety to ensure staff had the necessary skills to carry out their roles. Staff told us they thought access to training reflected their roles and responsibilities. One staff member said, "I enjoy the training opportunities and we are encouraged to go on training when it is available to us".

Staff said they felt supported and had the opportunity to discuss their performance and development with the registered manager. Staff training needs were discussed with individual staff and reflected training which supported them in their roles. Staff also said there were staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. A staff member told us, "I feel very supported. There is an open door policy and I think we feel information we share is private and confidential. It's important we feel we can discuss anything with the manager".

Care planning and reviews records were in place. They showed the persons needs and choices were at the centre of care planning. Some people had lived at the service for a number of years and the information in their care plans was dated and required archiving in order to make it easier for staff to follow current care needs and reviews. The registered manager acknowledged this and acted upon it. Some people had been involved in the care planning and review process and signed to evidence this, however not all had. When we discussed this with the registered manager they told us that some people lacked capacity to consent to planned care. However most people had families who were involved in their care planning and reviews and could contribute when appropriate. For example a relative had been involved in a decision about a change of room. The registered manager acknowledged that wherever possible there should be evidence of the involvement. People gave us examples of when they had been involved in their care planning and reviews. One person said, "The staff go through thins with me especially if I haven't been well. They (staff) talk about what tablets I need or if I need to see the specialist". A relative told us, "They (staff) tell us about any changes and we talk it through. Yes I have agreed for them (staff) to give (person's name) their tablets".

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Referrals had been made where people's liberty was being restricted due to their level of mental capacity.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and what they would like to spend their time doing at various times of the day. People's bedrooms were personalised with items including furniture, pictures and ornaments which helped the service to have a familiar homely feel for people who lived there.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch. People told us, "I like to eat here in my room. It's always a nice meal" and "If I don't like something I always get a choice".

Most people ate lunch in the main dining room, but others chose to eat their meals in the privacy of their own room and there were enough staff on duty to accommodate this. Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with linen and there was a choice of water or juices. There were enough staff to ensure those people who required some support received it. People were informed of the daily choice of meals on a notice board. One person told us, "If the food is not what I like I ask for something different. We do get a choice" and "Love the home cooking. Everything is fresh

and I have fresh fruit when I want it". One person with sight loss was provided with a plate guard so they were able to eat independently.

Is the service caring?

Our findings

People told us they were happy living at St Elizabeth care home. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. People told us, "(Persons relative) is very happy here. It's been the best move for (the person)" and "Staff are very patient and caring. You never have to wait long if you ring the bell for attention". A relative told us, "They (staff) are very good. Do a good job". On the day of our inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner.

People were cared for by attentive and respectful staff. We saw staff showing patience and provided encouragement when supporting people. People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, a person wanted to move a chair in their room so it backed against the window. Staff explained they would not see the garden from that angle but respected the person's choice. People moved freely around the service without restriction. Staff were available to support people when they needed it. For example throughout the morning period a staff member was available to people in the lounge area where people requested support with their care needs from time to time. A staff member said, "It's all about residents feeling they are safe and well cared for. I think we make sure residents are confident that is the case living here". A relative told us, "I am more than confident (person's name) is very well cared for here and I have no concerns when I leave that that is not the case".

Communication between staff and people living at the service was caring, with conversations being held in a gentle and understanding way. Staff always engaged with people at eye level, for example kneeling or sitting next to the person so they had eye contact. Where possible people's life histories were documented in their care plans. Staff told us it helped them gain an understanding of what had made the person who they are today. Staff told us about some people's backgrounds and past life events and how they tried to keep the topics 'alive' so people could revisit them. This helped ensure individualised care was provided.

Staff spoke about people respectfully and fondly. Comments included, "We get so much information from families if the resident is unable to tell us. It really helps to get them to talk about things that they have been part of or liked to do when they were younger" and "Some residents have had the Queen's birthday cards and that just shows what a long life they have had and the experiences and changes they have seen. It's so interesting".

Staff were respectful and protected people's privacy and dignity. For example when people were being supported to move around the service staff spoke with people in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. Staff knocked on people's doors and waited to be invited in before they entered. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

Some people used the lounges and dining room and other's chose to spend time in their own rooms. One person told us, "I like to be in my own space but I will go into the lounge for some meals and if there is something going on but I my own company most of the time but I do go down when I want to join in things that are going on".

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We are always made to feel welcome and feel comfortable to visit at any time, there are no restrictions" and "We are told of everything that's going on and have been to parties and events here".

Is the service responsive?

Our findings

People told us they felt their needs were being well met at St Elizabeth care home. One person told us, "I can get up and go to bed when I choose. The staff know my routine" and "The staff helped me settle in and care for me the way I like to be cared for". A relative told us, "They (staff) have made sure (persons name) has received the best care by getting the doctor and district nurses involved". A visiting healthcare professional did not have any concerns about St Elizabeth care home and confirmed the staff responded appropriately when necessary and followed advice given to them.

People who wished to move into the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered manager and deputy manager were knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at St Elizabeth care home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. However some files had information which was not up to date. In two instances people had lived at the service for a number of years and outdated information was included with current guidance for staff. We discussed how this could prove confusing for staff and the registered manager agreed the information required archiving and acted upon this.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how people spent their time. It also recorded significant events for example appointments. Staff told us this system made sure they were up to date with any information affecting a persons care and support.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This supported staff to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family.

In order to improve the support given to people living with dementia and receiving end of life care the service was working with Southampton city council as part of the Dignity Champions Scheme. This was a scheme to help ensure everyone at this stage of life was treated with compassion and respect. In addition the service was working with a local hospice to develop end of life plans using national guidelines to support people nearing the end of their life and their families.

Activities were taking place in a way which reflected the needs and choices of people. For example during the morning staff were supporting people on an individual basis by talking with them, choosing music and

films for people to listen to and watch. An afternoon entertainer was well received. Playing music and singing songs which people related to. People were singing and dancing to the music. One person said, "What a lovely afternoon. Thoroughly enjoyed it". There were a range of activities available to people including board games, bingo, reminiscence cards and a balloon and bean bag game to encourage coordination. People had the choice to participate. Some chose to stay in their rooms. People told us, "I like to get involved in what's going on but some people don't want to bother" and "I can take it or leave it but I always get the choice".

Some people living at St Elizabeth care home were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to stay in their room and did not want to be involved in activities. Staff respected this but always gave them the choice". Another person liked to listen to the radio when they were in their room so staff made sure it was on for them.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service.

Is the service well-led?

Our findings

People who lived at St Elizabeth care home and their relatives spoke positively about the registered manager. Staff told us they felt they could approach managers with any issues and that they would be listened to and issues acted upon. They told us, "Always around for us and they take an interest in our well-being" and "Nothing is a problem and we are asked our views about the home. It is very open and transparent. We have every confidence in it". Staff told us they were supported by the registered manager and deputy manager. They said, "Love working here. We are well supported and the manager is always here or the deputy" and "We (staff) are encouraged to speak up about anything which might affect the residents".

There were clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the registered provider and supported by a deputy manager. People who lived in the service and their relatives told us the registered manager was always available and if not the deputy manager was there to support them with advice and answer any queries.

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included regular individual or group discussions with people living at the service. The most recent survey had taken place in October 2015. The results showed people were happy with the service they received. They made comments on all aspects of living there including, food, care, premises, daily living and management. Comments included, "Very pleased with the care. No complaints at all" and "Clean friendly and cosy". The service was also registered with a care home website where people could leave reviews and recommendations about the service.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "This is a home from home service and that's what people like about it". This was supported by people we spoke with throughout the inspection visit.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. Meetings provided an opportunity for staff to voice their opinions or concerns regarding any changes. It was also used to inform staff of any legislative changes. Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. They felt confident the registered manager and deputy manager respected and acted on their views. Comments included, "We work really well as a team and information gets shared between each shift" and "If there are any changes or things we need to know it's shared at handover and written in the communication book. Nothing gets missed".

The registered manager worked alongside staff to monitor the quality of the care provided by staff members. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.