

David Mitchell

Elizabethlodge

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Elizabeth Lodge is a residential care home providing accommodation and personal care to 16 older people at the time of the inspection. The service can support up to 18 people.

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

The care people received was safe. The service had systems and processes in place for safeguarding people and managing incidents and accidents. Medicines management was safe and followed good practice guidance. Staff numbers and deployment promoted safe care.

The home followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home. Accident and incidents were reported, recorded and analysed with lessons learnt shared with staff to prevent reoccurrences.

Staff were kind, understanding, and compassionate. People had good relationships with staff. People were supported by staff who knew people's personal and individual needs well. Care was personalised with people's communication needs being met.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Management had kept in touch with local health protection agencies and kept up to date with government guidance on COVID-19. Updated guidance had been cascaded to staff when needed. People, relatives and staff had received communications throughout COVID-19 on changes and guidance for visiting, PPE and testing. Staff were testing regularly for COVID-19 as per the government guidance.

The service was well-led. Leaders were visible and accessible. There was a culture of openness, inclusion and person-centred care practises. There were systems in place to monitor the quality of care people received. The provider acted on their findings to improve the quality of care.

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 1 November 2019) and there were breaches of regulation. 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.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contained those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Elizabethlodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 21 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided, we received eight experience of care comments from relatives through our web site. We spoke with five members of staff, the registered manager and the provider/nominated individual. 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 four people's care records and four staff files in relation to recruitment. A variety of records relating to the management of the service, including risk assessments and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question require improvement. At this inspection the rating has changed to Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection the lack of a safe and effective recruitment procedure was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Staff had been recruited safely. Pre-employment checks had been carried out including a check with the disclosure and barring service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by sufficient numbers of staff. The registered manager told us they had a low turnover of staff so there was a stable staff team to provide continuity of care. One member of staff said, "Shifts are always covered, we work well as a team and support each other."
- A relative said, "[person] calls the staff her girls, staff are all kind and happy to [person] and she doesn't want to go anywhere else. That puts my mind at rest, and I know she's being well looked after because [person] would tell me if she wasn't." Another relative said, "There seems to be enough staff. Staff tend to be constant; they [staff] stay with the home; some have been there over ten years. They [people] have a good rapport with the staff."

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to keep people safe, and identify, report and act on any potential concerns.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe. All people and relatives we spoke with felt people were safe living in the home.
- A relative said, "[person] is safer here than at home. The care is very good. They are very friendly, and it feels like one big family," another relative said, "I'm very happy. It's very homely, very peaceful. My mother has Alzheimer's and it's the perfect place for safety and security."
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager or the Care Quality Commission (CQC). One staff member told us, "I would report any concerns to the registered manager and if they were not available, I would report to the provider, if they didn't act, I would call the local safeguarding authority."

Assessing risk, safety monitoring and management

- Staff managed risks to people's care well. For example, where people were at risks of developing pressure injuries, staff took action to ensure they provided care in a way that reduced this risk of pressure injuries.

- People had mobility aids and equipment for their needs. Staff had the skills to safely support people with their aids and equipment. The provider ensured equipment was safe and maintained.
- Care records included risk assessments for different areas of people's lives and wellbeing. Each risk assessment contained detailed information on how staff would support the person to reduce the risk and maintain their health and wellbeing.
- There were systems in place to monitor risks such as falls or other incidents or accidents that occur at the home. The registered manager reported these to relevant professionals and worked with them to put measures in place to prevent reoccurrence.
- The environment was well maintained. Utility services and equipment were regularly checked to ensure they were safe.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- Medicines were managed safely, Information regarding the support the person needed with their medicines was recorded within their care plans.
- The service had protocols in place for when people may refuse their medicines, require medicines covertly, and for 'as required' medicines. Staff understood these protocols and applied this in their practice. They worked with the relevant health professionals to follow and maintain safe medicines practices.
- Staff responsible for administering and managing medicine systems had competency checks in place as part of the supervision programme to ensure they had the necessary knowledge and skills to administer medicines.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to spend time with their family. People had visitors come to the home and there was a visiting policy in place to help keep everyone safe. People booked appointments to visit their relatives, these were not limited.

Learning lessons when things go wrong

- The registered manager promptly responded to incidents. They completed regular reviews and audits and used their findings to improve practice at the service.
- The registered manager used a positive approach to improving staff performance and shared more general learning through day to day observations or individual staff supervision. They told us that if any

trends were identified, this would result in a review of the person's care and ensuring all staff were aware of the changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the lack of a system to ensure best interests' decisions were in place was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvement had been made and the provider was no longer in breach of regulation 11.

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

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

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

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

- The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Where they had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision that needed to be made.
- Where it had been assessed people did not have capacity to decide, the registered manager had arranged best interest meetings. Healthcare professionals and others involved in the person's care had been consulted to ensure any decisions were in the person's best interests.
- We saw staff worked within the principles of the MCA. They offered people choices and respected the decisions they made.
- People were not subject to restrictive practices such as restraint or seclusion.
- People's choices were respected; necessary records of advance choices were maintained and available to relevant health and social care professionals where needed.

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

- People's care needs were assessed before they received care from Elizabeth Lodge. Their assessments were used in planning and delivering care in a way which met their individual needs. Staff regularly reviewed people's assessments and ensured any changes in needs were recorded and catered to.
- People's assessments included their needs relating to protected characteristics as defined by the Equality Act 2010. This protected people from discriminatory practices relating to gender, race, disability, religion etc.

Staff support: induction, training, skills and experience

- A range of systems were in place to support staff in their roles, including new staff having an induction to the service. This involved working with more experienced staff to get to know people before they worked alone.
- Staff received training in areas relevant to their roles, such as dementia care, food and nutrition, effective communication, fire safety, moving and handling, infection prevention and control and medicines administration.
- Staff told us they got the support they needed including guidance from health care professionals, had regular supervisions, and had competency assessments to ensure they were effective in their roles. A relative said, "They [staff] are competent and good natured."

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

- People's dietary needs were met. People were provided with a nutritious and balanced diet and a choice of meals and drink.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "The food is all very good and [person] loves the food. It's the highlight of the day."
- Records were in place for people at an increased risk of malnutrition including adhering to health care professional's guidance about food and fluid intake, people were referred to speech and language therapist if at risk of choking when eating and drinking.

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

- The provider ensured people were supported with their healthcare needs. Care staff were available to support people at all times and any necessary specialist healthcare support was arranged when needed. Community healthcare professionals who visited the home regularly, were happy with the care provided. They told us staff referred people for specialist support when needed and followed any advice given.
- Care plans included information to guide staff about people's healthcare needs, including their medical history, medicines and allergies. Some of the care plans had not reflected person centred care, the registered manager told us they were in the process of making care plans person centred, we reviewed care plans that had been improved and these care plans were person centred and informative giving staff guidance on how people would like to be cared for. The registered manager and deputy manager said, "We have completed eight care plans and are continuing to work on the other eight care plans."
- Staff shared information about people's needs and risks with paramedics and hospital staff when people were taken to hospital, a relative said, "If they [staff] want person to see the doctor, they will let me know if they are going to do that. Communication is very good. When [person] had an infection, they [staff] were on to it straight away. They are very good in that respect."

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

- The premises were suited to the needs of people who used the service. The home was clean and well maintained. People had access to private and communal indoor and outdoor spaces which promoted

privacy, independence and social interaction.

- People's rooms were personalised, well ventilated and comfortable.
- People living in the home had contributed to the decoration of the home by making art works for the walls these included a fingerprint tree.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection the lack of an effective system or process to ensure compliance with the requirements of the regulations was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

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

- People's relatives told us people received personalised care and were happy with the service. One relative told us, "[Registered manager] is there during the week, I ring up and speak to her." Another relative told us, "From what I know of the manager, she is quite helpful." The culture of the home was positive. A third relative told us, "We can contact them [registered manager] by phone, they are fairly easy to get hold of. They do respond appropriately most of the time. They have improved over the last couple of months."
- Staff said they enjoyed working at Elizabeth lodge and felt supported by the registered manager and the provider. Staff comments included, "Could go to [registered manager] and [Deputy Manager] with ideas, they say it's a good idea, we will try it."

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

- The registered manager and provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would

be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager understood their roles and regulatory responsibilities. The registered manager was responsible for the day to day management of the home, with support from the deputy manager. They completed regular audits of quality and safety.
- Audits completed by management were effective in ensuring that appropriate standards of quality and safety were maintained at the home.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and during staff meetings. Issues around staff performance were addressed appropriately.
- People spoke highly of the managers who they said are friendly and approachable. A relative said, "They both work very well as a team."
- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff and people using the service told us the managers regularly engaged with them and involved them in decision making. There had been a quality assurance review, gaining the views of stakeholders. Comments were positive and included, "Staff all very professional," and "[person] feels happy to be here." "Very well cared for and has been difficult for last few years because of COVID-19" and "managers and staff have always maintained a high standard."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers, GPs, community nurses, dietitians, speech and language therapists, podiatrists and health professionals to ensure the care people received consistently met people's needs.
- Management and staff worked in partnership with people's relatives, representatives to ensure people received the support they needed and to ensure people were involved in their care.
- A community professional who visited the service told us that leadership at the home was good. They told us staff were always available to provide information about people and help with assessments. They did not have any concerns about the quality of care provided at the home. One health care professional said, "It feels warm and welcoming just like a home from home."