

Elizabeth Court Rest Home Limited

Elizabeth Court Rest 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

About the service

Elizabeth Court Care Home is a residential care home providing personal and nursing care for up to 24 people. There were 21 people living in the home at the time of the inspection. Most people needed support with personal care and some required assistance to move around the home safely. People were living with a range of health care needs. These included living with dementia, mental health and frailty linked to old age.

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

People told us they felt safe and were very comfortable at Elizabeth Court. One person said, "I am happy here, the staff are very nice, I have everything I need and I like the quizzes and arts and crafts."

Staff had a good understanding of people's support and care needs. Staff managed risks well and knew who to report any safeguarding concerns to. Lessons were learnt when things went wrong, and staff were supported to develop their knowledge and skills through regular training and supervision.

There were enough staff to provide the care people wanted and robust recruitment procedures made sure only suitable staff were employed at the home. Medicines were managed safely, and infection control procedures reduced the risk of infection.

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.

People were treated with kindness and care; their privacy and dignity were respected, and independence encouraged. Staff liaised with health and social care professionals as needed and they worked together to provide the care people wanted. A healthy diet was promoted, meals were based on people's likes and dislikes and people had enough to eat and drink.

People and relatives were aware of the complaints procedure and said they had not needed to make a complaint.

The culture at the home was inclusive and centred on people, their views and wishes. Feedback was consistently sought from people, relatives, staff and health and social care professionals and staff worked in partnership with other professionals and groups.

The quality assurance system was effective and assisted the provider and registered manager to identify areas where improvement was needed, and action had been taken to address these.

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

Rating at last inspection

The last rating for this service was Good. (Published 1 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Elizabeth Court Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Elizabeth Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff including the provider, registered manager, care workers, housekeeping staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at the Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four relatives after the inspection and emailed 15 health and social care professionals who visit the service and had responses from nine.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, minutes of meetings, staff rotas and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risk to people had been assessed and their safety monitored and managed. People said staff supported them to take risks and remain as independent as possible. One person told us, "The staff have looked after me so well, I can walk around without their help now." A relative said, "I think all the staff know if residents are at risk and I have seen them support residents to go into the lounge if they need help."
- Where risks were identified, there were appropriate risk assessments and risk management plans for staff to reduce the risk as much as possible. For example, the risk of falls had been assessed and people were supported to move around the home safely; using walking aids or wheelchairs if needed. One member of staff told us, "Most residents can move around on their own and we encourage them to do as much as they can for themselves and be independent." Another member of staff said they had all done moving and handling training and there were hoists available if people needed assistance to transfer from bed to chair.
- Accidents and incidents were recorded, with details of what had happened and what action staff had taken to prevent a re-occurrence. These were audited to identify any trends and advice was sought from professionals. For example, staff had contacted the falls team for guidance when a person had an increased number of falls. The risk assessments and care plan had been reviewed and updated, to ensure staff had a clear understanding of the person's changing support needs.
- The fire alarm was checked weekly and fire equipment maintained to ensure it was available and safe to use. Records showed staff attended regular fire training and each person had a personal emergency evacuation plan (PEEPs). These were accessible to staff through their mobile phones and enabled them to assist people to leave the building if there was an emergency.
- Records showed equipment was serviced regularly. This included the hoists, call bells, the gas and electrical systems and tests for legionella ensured the water was safe to use.

Systems and processes to safeguard people from the risk of abuse

- There were systems and practices in place to protect people from abuse and discrimination. One person told us, "Oh yes I feel quite safe here, they look after us." Relatives said, "I have no concerns about (person) safety" and "Yes (person) is safe." Health and social care professionals were equally positive. One told us, "Not once have I felt the need to raise any concerns."
- Staff had a good understanding of abuse and how to protect people from harm. They knew who to contact and were confident if they raised an issue with the management it would be investigated, and action would be taken. One member of staff said, "I haven't any worries about safeguarding here. If I did I would tell (registered manager) or (provider) and I would ring safeguarding if I had to, but I don't expect to."
- The registered manager had made referrals to the local authority when necessary, and feedback from

safeguarding team was that these had been made in line with current guidelines.

Using medicines safely

- Medicines were managed safely and people told us they had their medicines when they needed them. One person told us, "They look after them for me." A visiting professional said the registered manager had worked with them to review people's medicines and had contacted them when changes were needed. For example, if a person had difficulty swallowing tablets advice had been sought and appropriate action had been taken to ensure they could have the medicines they needed.
- Staff responsible for giving out medicines had completed relevant training and their competency had been assessed. Staff said, "We have to do the training and we are observed as we give residents their medicine so that we do it safely" and "We check the MAR (medicines administration record) each time we give them out, so we know if there are any gaps. If there are we fill in an incident form and tell (registered manager)." The MAR's were audited as part of the providers quality assurance system, the provider said errors were rare and records supported this.
- There was guidance for 'as required' (PRN) medicines. For example, paracetamol for pain. These included what the medicine was, when it would be needed and if the person was able to tell staff if they were uncomfortable. At the time of the inspection most people were able to tell staff if they needed PRN medicines.

Preventing and controlling infection

- There were infection control policies and procedures to protect people, visitors and staff. People said staff cleaned their bedrooms and the communal rooms daily. One person told us, "I think it is very clean and I like my room."
- Staff said they had completed infection control training and the registered manager had a system to check they were washing their hands correctly. Staff applied a cream to their hands, which they washed off, and an ultra violet torch showed if any remained on their hands. They said, "Very simple but effective."
- We saw staff used gloves and aprons, personal protective equipment (PPE), when needed. There were hand washing facilities and hand sanitisers throughout the building and laundry facilities to keep people's clothes and linen clean.
- The usual practice of shaking hands as visitors arrived was discussed as they arrived. The change to tapping elbows or a virtual hug was introduced with laughter and joking, and they understood that this was to protect everyone, as part of the recent changes in reducing risk of infection.

Staffing and recruitment

- There were enough staff to support people and provide the care they wanted. People told us, "Oh yes there are enough staff" and "Yes and they are very nice." Relatives said, "I think there are enough staff, they are always there if I need to talk to them" and "Yes, some have been working here long time." A professional told us, "There seems to be a good ratio of staff to residents."
- Staff said there were enough to look after people and they had time to spend talking with people and visitors. They were not rushed, they said hello to people and asked how they were as they assisted other people to move to the lounge or dining room.
- Robust recruitment procedures ensured all checks were completed and staff could work with adults. These included an application form, two references and disclosure and barring check (DBS – police check) and interview records.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were offered a place at Elizabeth Court. This was to ensure staff had the skills and knowledge to meet them. One person told us, "Yes they came to talk to me about moving here." A relative said, "We looked at lots of care homes before we chose this one and we talked about (person) needs with (registered manager) so we were sure they could look after them."
- The information from the preadmission assessment was used as the basis of people's care plans, which were discussed, agreed and reviewed with people and their relatives, if appropriate.
- Care and support were provided in line with current guidance. For example, risk of pressure sores had been assessed and appropriate pressure relieving mattresses and cushions were provided if needed, to reduce the risk.

Staff support: induction, training, skills and experience

- People, relatives and visiting professionals told us the staff had a good understanding of each person's individual needs and provided the support and care they wanted. One person said, "Yes they know how to support us." Relatives said, "Yes I think they have the skills they need to look after the residents very well" and "I think they must do the training, they know how to care for (person) and they support me as well."
- Staff said they were required to complete all the training provided, and the registered manager had a training plan that identified when updates were due. The training included first aid, food hygiene, equality and diversity and mental health awareness. Visiting professionals told us, "There is regular staff training both in house and externally as well as staff being supported to gain their level 2 and 3 Diploma's in adult care work" and "Staff are both knowledgeable and competent in their roles."
- Staff said they had completed induction training when they started working at the home. Although most of the staff had worked at the home for several years. The registered manager said all new staff were required to do the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said they had regular supervision, which meant they had opportunities to discuss any concerns, their work and their professional development. Staff said, "We are encouraged to develop our skills and supported to look at different training if we have an interest in it" and "We have regular meetings and we can talk about things, but there is an open door policy and we can talk to the (registered manager) and (provider) at any time which I think is very good."

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

- People said the food was good, they were given choices and we saw meal times were flexible to fit in with people's preferences and to enable them to go out with friends and relatives. One person told us, "Yes I have had a nice supper and we can have what we want." Relatives told us the meals were good and one relative said, "They asked if I wanted to assist with (person) lunch, which I thought was very nice of them and I felt like I was helping."
- People chose where they had their meals, some sat together in the dining room, while others preferred to remain in their rooms watching TV. Staff said it was up to them and it changed for each meal depending on what people wanted to do. Mealtimes were relaxed and sociable. People sat together chatting with each other and staff, or on their own observing what was going on.
- The chefs and staff had a good understanding of people's likes and dislikes, as well as their individual dietary needs. Such as pureed meals for people with swallowing difficulties. When staff were concerned about a person's diet, we saw they offered alternative choices and additional snacks to encourage them to eat.
- Records were kept of how much people ate and drank and staff monitored people's weight so that support was provided for weight loss and gain. Staff said, "We know how much residents have to eat and drink and if we have any concerns we contact their GP for advice or the dietician."

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

- People had support from appropriate health and social care professionals to maintain and improve their health and well-being.
- People said they could see their GP and other health and social care professionals when they needed to, and staff arranged appointments or visits. One person told us, "I can see the doctor yes if I need to." Relatives said staff contacted them if there were any changes in people's health care needs and arranged appointments with doctors and other professionals. One relative told us, "Any medical issues they get doctor's advice straight away."
- There were regular visits from chiropodists, opticians, speech and language team and mental health team as and when required. Records were kept of each professional's visit and care plans were updated if people's support needs changed. A visiting professional said, "The advice given is followed by staff."
- Staff were aware of the need to ensure people had good oral health. They said, "Residents are always encouraged to keep their teeth or dentures clean and we help them if they need assistance." Staff took one person to visit the dentist during the inspection and the person said, "I have lovely new teeth."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA and DoLS training and had a clear understanding of the importance of enabling people to make decisions about all aspects of their day to day lives. People decided where they spent their time and who with. People said, "Yes I decide what I want to do, have just been out shopping and usually

stay in here" and "I like to sit here with my friends." Relatives told us, "I think residents make decisions about everything they do, where they spend their time and they all enjoy the social activities" and "There is always something going on if residents want to take part, it is up to them, which is how it should be."

- People's mental capacity had been assessed if staff felt they may be unable to make complex decisions. Such as attending health appointments. Staff said, "Residents can make decisions about most things, like meals, the care we provide and medicines" and "We support residents to make choices about everything and usually we know if they do or don't want to do something even if they can't tell us, we know them very well."
- The registered manager said DoLS applications had been made to the local authority. Some of these had been agreed and any conditions required to meet the authorisation of a DoLS, were being met. For example, for the locked front door. Some people were also supported by external representatives, who had power of attorney and could make decisions on their behalf.

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

- Elizabeth Court is an older converted building that has been adapted to provide individual bedrooms on two floors, with a dining room and two lounges on the ground floor. The home is situated in a preservation area and subsequently they are unable to make any changes to the outside of the building or grounds.
- People said they liked their rooms. One person told us they had everything they needed, "Although it is a bit small." A friend said, "(person) likes their room and is happy to go up to it, as long as (person) is happy that's all I care about."
- People's bedrooms were along corridors painted in different colours and named to reflect these, such as Rose Walk and Orange Grove. These, like people's individual front doors and signs situated around the building, were used to help people living with dementia know where their bedrooms, the communal rooms and bathrooms were situated.
- The feedback from relatives and visiting professionals included how 'homely' and 'comfortable' the home was, although some areas were tired. The provider and registered manager said they had started a programme of redecoration. They said rooms were redecorated when they were empty and two were being painted and updated during the inspection. Painting the corridors had started and there were plans to hang people's art work near their rooms. The communal rooms were also going to be redecorated to make them brighter and the downstairs carpets were being replaced, so that people using walking aids could move around easily.
- There was a large garden to the rear and side of the building, with a café and patio area that was regularly used when the weather permitted. Chickens, and previously rabbits, were housed there and people talked about how nice it was to see them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff were looked after them very well and provided the care they wanted. They told us, "I think the staff are excellent. They have really helped me" and "Oh yes the staff are lovely." A relative said, "We are very, very happy, they take time and look after (person) and (relative) as well." Visiting professionals told us, "I have had positive feedback about the care my clients receive."
- We saw staff supporting people when they were not sure where they were. Staff assisted people to use the bathroom or go to the dining room or lounge in a kind and caring way, which people responded to with smiles. There was a lot of laughter and banter. Conversations between people, visitors, external entertainers and staff were friendly, on first name terms and relaxed, though respectful. Staff said, "We work with the residents and their relatives to make sure residents have the best lives they can here" and "The residents, their relatives and friends are the most important here and we plan care and support on this basis."
- Staff had completed equality and diversity training and understood people's individual needs, preferences and what was important to them. For example, respecting their spiritual and religious needs. Staff said people were supported to attend religious services if they wanted to and visits to the home by clergy could be arranged.

Supporting people to express their views and be involved in making decisions about their care

- People said they made their own decisions about where and how they spent their time. People told us, "I think we all decide what we do. I spend most of my time in here, but that is my choice and I can go out if I want to" and "I like to join in the activities and we always have something nice to do."
- People were asked if they preferred a female or male carer. This was recorded in their care plans and respected by staff.
- Relatives said they were always made to feel very welcome. We saw staff saying hello as visitors arrived, they asked how they were, and drinks were offered. One relative told us, "I think it is lovely that residents can bring their own pets. To see their dogs and cats living here as part of the family is lovely."
- Staff consistently asked people if they had everything they wanted, hot and cold drinks were offered throughout the day and people clearly made the decisions about their daily lives.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain or improve their independence. One person told us, "I couldn't move when I came here, now I am up and about and going shopping. They have been fantastic." Another person

said, "I can get around with my zimmer, it helps me do things myself."

- Staff supported people to move around safely, by ensuring they were wearing appropriate footwear and using the correct walking aid. People also supported each other to sit safely in armchairs and checked they were comfortable.
- Staff promoted people's privacy and dignity, they respected people's personal space and understood how important this was to people's well-being. One person said, "They are very good I have my own things here and they let me do as much as I can with my kettle and toaster." A visiting professional told us, "Staff are polite, courteous, respectful and caring towards the residents."
- Staff were aware of the importance of confidentiality; documentation was kept secure on the electronic system, which only staff had access to, or in the registered manager's office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said, "There is always something to do." "I love the animals" and "I like to go out for coffee." Relatives told us, "The staff definitely have time to spend with residents. (person) has her nails done" and "I know there are lots of activities. (person) can't join in but staff spend time in residents' rooms. So, I don't think they are missing out." A visiting professional said, "Elizabeth Court has a lovely relaxed atmosphere and their activity programme is fantastic."
- The activity co-ordinator organised a range of activities that were planned around what people wanted to do. These included group and one to one activities, arranged in house by staff and several external providers.
- During the inspection people joined the gentle exercise class on Tuesday and Motivations and Co on Wednesday, which offered brain teasers, physical exercises and sing-a-longs. People told us about the animals that had visited on Monday and one person was drawing pictures of chicks, which people had been able to hold.
- There was a considerable range of activities over the month, these included arts and crafts, bingo, quizzes and movie Sunday. Armchair Travel 'transported people abroad in their own armchairs'. They had recently visited Australia, with passports and boarding passes, quizzes about the destination and various foods and drinks from that country were provided.
- Musicians visited regularly, and staff brought their children in to spend time with people. Pictures were taken of the activities, with people's permission, and these clearly showed that people, the entertainers and staff were clearly enjoying themselves.
- People, visitors and staff were kept up to date with what people had done or what was planned at Elizabeth Court through the home's newsletter. The activity programme, displayed in the lounge, showed what was planned for each day. The homes 'Facebook' provided opportunities for people and visitors to comment on the services provided at the home and included photographs of the activities people had enjoyed. Feedback was encouraged and the comments were very positive.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people very well, they understood what was important to each person and planned care accordingly. One person said, "I think they know what I like. I enjoy watching TV." Relatives said the staff knew exactly how to provide the support people wanted. One relative told us, "We couldn't ask for better."
- People's individual needs were recorded in their care plans. These had been personalised to reflect

people's wishes and had been written and reviewed regularly with people and/or their relatives. One person said they had discussed their care plan with staff, "But not really interested. I know they can look after me I don't need to see it."

- Some staff had worked at the home for several years, they knew people, their relatives and friends very well. Their preferences were understood, respected and we saw support was provided on this basis. One member of staff said, "Residents have their own special seats in the lounge and dining room and the residents know about these and remind each other if they are sitting in someone else's chair. It is really nice to see they are looking out for each other."
- The care planning system had recently been reviewed and was being updated and transferred to an electronic system. Staff had their own mobile device which enabled them to complete records as soon as they had supported each person, which meant they had more time to spend with people. One member of staff said, "It is much better. I can have a look to see what has been happening before I start my shift, so I know what questions to ask during handover and can plan what we are doing. It is so much better." Another member of staff told us, "It means we can record what is going on as it is happening rather than later, so things don't get missed like when we get called away to help another resident."
- The registered manager said the transfer of care plans had not been fully completed and they were working with the system provider to, "Tweak it so that it fits in with what we need here." During the inspection they were discussing how they could transfer the medicines onto the same system with the system provider, "So everything is accessible together and we can look at all of the records and don't have to go and find them, which takes time away from us providing care and support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of AIS and said most people could tell staff what they wanted and how much support they needed. One person told us, "The staff always ask if everything is ok and if we need anything, they are very good." A relative said, "I think the staff are fantastic, they know exactly what (person) wants even though they can no longer talk."
- People's different communication needs were recorded in their care plans. These included hearing aids and glasses to assist people to see and hear what was happening around them, and staff knew who used these.
- Staff explained how people who were unable to verbally talk about their needs could still tell them what they wanted. One member of staff said, "If they turn away or refuse to eat what we are offering we know we need to offer something else."
- Hospital passports were in place to support people who were unable to discuss their health care needs. Records showed relatives or staff attended appointments with them, so their needs were clearly discussed and appropriate treatment and care was arranged.

Improving care quality in response to complaints or concerns

- People and relatives said they could talk to the registered manager, provider or staff if they had any concerns. One person told us, "I don't have anything to complain about, they have been really good to me." A relative said, "Yes I know about the complaints procedure, we talked about it when (person) first moved in, but I certainly don't have anything to complain about."
- Information about how to complain was displayed in entrance area of the home. Concerns and complaints were recorded in line with the provider complaints procedure. For example, staff had raised an issue about porridge one morning and this had been discussed with the staff concerned. The registered

manager said all comments were recorded so that they could address issues when they were first raised. Staff said, "We sort out any problems straight away, so they don't grow into real concerns, like if they don't want the lunch they ordered, this means everyone is happy and comfortable."

End of life care and support

- People were supported with dignity and care when their health needs changed. Staff knew about people's preferences at this time and had completed training to ensure they provided the support people needed at the end of their lives.
- Staff understood the importance of having medicines available to keep people comfortable and these had been arranged with their GP.
- People's preferences and choices had been recorded in their care plans. This included information about resuscitation and final wishes, and if people preferred not to discuss end of life care staff respected this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The feedback from people, relatives and visiting health professional was consistently positive. From our observations we saw that the culture at Elizabeth Court was inclusive and empowered people to take control of their lives and be involved in developing the services provided. One person told us, "I don't know what I would have done if I hadn't come here." A relative said, "All the staff are excellent. They involve the residents in everything that happens, and I am confident they are very well looked after, so I can go home without worrying."
- The emphasis was clearly on enabling people to enjoy their lives, spend time as they wanted to and remain as independent as they could for as long as possible. Staff said, "Elizabeth Court is their home and I think we are lucky enough to be here to help them as much as we can." "We aim to provide the care and support residents want, it is not up to us" and "We know residents very well and can see if they need extra help or just to be left alone if they want some time on their own."
- The provider, registered manager and staff understood how important it was to obtain feedback from people living in the home, their relatives, external entertainers and visiting professionals. This was promoted through everyday conversations, the Facebook page, satisfaction surveys and residents' meetings. The comments from the 2019 survey were positive. They included, "You are a fantastic home providing a true home to the residents." "Elizabeth Court provides excellent care services based on industry recognised frameworks and best practices." "Very caring staff and very caring towards relatives too." "Excellent service provided by staff and management." "Feel completely reassured at all times that the right care is provided for" and "Lovely family feel home. Very friendly but also professional."
- Staff said the provider and registered manager worked alongside them, we saw this in practice, and staff appreciated this. One member of staff told us, "We all work together as part of a team. I don't think there is anything the (provider) or (registered manager) would say they shouldn't do, and this makes the home a really good place to work."
- Staff were continually supported to keep up to date with their skills and knowledge through training and promoting staff development and professional practice. The registered manager said they were reviewing staff responsibilities following the introduction of the electronic record system. It had reduced the record keeping pressure on staff and they would be looking at some staff taking on more responsibilities. For example, managing the medicines.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider and registered manager had an effective quality assurance system to monitor all aspects of the service provided. These included several audits the registered manager completed, which looked at care plans, accidents/incidents, health and safety, activities, meals and infection control. This process had been simplified with the introduction of the electronic system, as it identified any gaps. For example, if staff had not completed the daily records this showed up on their mobiles and the online system in the registered manager's office.
- The provider had excellent oversight of the support and care provided. They were in the home most days and worked as part of the care team providing support for people and relatives as needed. They worked well with the registered manager and each were responsible for different aspects of management, such as pay and finances for the provider. The registered manager was responsible for care provision and the day to day management of the home.
- People told us the provider was always in the home and they and the registered manager talked to them, "Every day, they are very nice."
- We saw the management's relationship with people, visitors and staff was open and friendly and invited them to be interested in any changes they planned to make. The provider and registered manager empowered staff to have ownership of their role in the home. Staff were clear about their roles and responsibilities and they felt valued and supported to work to the best of their ability.
- Staff told us, "This is a lovely home to work in. I have been here for years and I wouldn't have stayed if it wasn't provide the care and support residents need." "We all work really well together, I don't think there could be a better place to work" and "It is like a big family. I have brought my children in, which they and the residents have loved, and we are always looking at ways to improve what we are doing."
- There were regular staff meetings, in addition to the handovers at the beginning of each shift and ongoing conversations between all staff. Staff said they were kept up to date about any planned changes at the meetings and could talk about anything they wanted to raise. From the minutes we saw they discussed aspects of the service that were specific to their role. Such as the legionella flushing to reduce risk for the ancillary staff and rooms to be checked at the beginning and end of each shift by senior care staff.
- The registered manager understood duty of candour and the importance of keeping relatives informed of any incidents and changes in people's needs. Relative said, "We are always told if anything has changed and we get an email if (person) is poorly. I don't expect them to ask me if they can call the doctor, I know they will just do what they need to" and "I don't expect things to go wrong, they haven't so far, but I am sure I would know about it if they did."

Working in partnership with others

- Staff worked in partnership with other professionals and community groups. Visiting health and social care professionals said they management and staff worked very well with them to develop the service and provide the care people needed. Professionals told us staff had been, "Very engaging with medicines optimisation and have good knowledge of the residents" and it is a, "Well led and caring facility. All staff appear to know the residents well and when asked questions about their care are able to verbalise the information without having to refer to documents or other members of more senior staff. I feel I have developed an excellent working relationship with the care team and specifically the senior carers and manager of the rest home."
- The home had developed links with several community shops and projects. They regularly visited the village coffee shop and had links to the Cinnamon Trust, the national charity for pets. In addition, the registered manager, as part of their studies, involved them in research projects to support people living with dementia.

