

Peaceform Limited

Eliza House

Inspection report

467 Baker Street
Enfield
Middlesex
EN1 3QX

Tel: 02083678668

Date of inspection visit:
13 April 2022
26 April 2022

Date of publication:
18 May 2022

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

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

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

People appeared to be comfortable and well supported at Eliza House. Relatives told us that they were assured that their family member was safe and received good, person centred care. Safeguarding processes were in place to help protect people from the risk of abuse.

Risks associated with people's care had been assessed and guidance was in place for staff to follow to keep people safe. People were protected from the risks associated with the spread of infection. The service was clean and well maintained.

There were enough staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Medicines were managed and administered safely.

Staff received the required training and support and applied learning effectively in line with best practice.

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 seen to eat and drink well and were supported to maintain a healthy and balanced diet. People were supported to maintain healthy lives and had access to health and social care professionals where required.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with dignity and respect.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required. The provider and registered manager had sustained improvements that had been made following previous inspections and were keen to continue working towards ensuring people continued to receive good quality person centred 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 16 September 2020).

At this inspection we found improvements had been made and recommendations that had been made had been acted upon.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 October 2019. Breaches of legal requirements, regulation 12; safe care and treatment and regulation 17; good governance, were found. The key question of well-led was rated inadequate and a warning notice was issued in relation to regulation 17; good governance. The provider completed an action plan after this inspection to show what they would do and by when to improve.

A follow up unannounced, focused inspection took place on 12 August 2020 and covered the key questions of safe, responsive and well-led. We undertook this inspection to check that the provider had met the requirements of the warning notice that had been issued. We also wanted to check that the provider had followed their action plan and to confirm that they were meeting legal requirements.

We undertook this focused inspection to again check that the provider had continued to follow their action plan and to confirm they now met all legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contained recommendations from previous inspections relating to management oversight of the service and the sustainability of improvements and effectively supporting people with their oral hygiene.

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 Eliza House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eliza House

Detailed findings

Background to this inspection

The inspection

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

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Eliza House is a 'care home'. 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. Eliza House is a care home without nursing care. 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 the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan the provider had submitted and all subsequent updates. We also looked at notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

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. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with the registered manager, the nominated individual, the deputy manager, one senior carer and a visiting healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

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

The Expert by Experience contacted relatives of people living at the home to gather their feedback on the quality of care people received. This exercise took place on 13 April 2022 and we spoke with eight relatives. Following the onsite visits, we spoke with one senior carer and four care staff. We further reviewed two care plans and associated records.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Risks associated with people's health, care and wellbeing had been identified and assessed.
- Risk management plans in place gave care staff clear guidance and direction on how to keep people safe.
- Risk assessments in place covered use of emollient creams, pressure sores, falls, absconding and specific medical conditions such as diabetes and seizures.
- Throughout the inspection we saw that care staff knew people very well and were aware on how to support people to minimise risk. One care staff told us, "We have care plans, before approaching the person we have to check the care plan and the risk assessment so that we can get to know the person and their risks."
- Relatives told us about their family member's safety at Eliza House and that they were assured their relative was supported accordingly. One relative said, "[Person] is not steady on her zimmer frame and is at high risk of falls, and the staff know that."
- We saw detailed records of accidents and incidents, and staff understood the procedures of reporting these.
- The registered manager and the staff team worked together to review practices, encourage and promote learning and development to prevent re-occurrence. One senior carer told us, "We have a de-briefing, I know all the people and I give the managers my views and suggestions."
- A variety of checks were completed to make sure the environment was safe. These included checks on electrical, gas, water and fire safety and equipment within the home. People had individual evacuation plans highlighting the level of support needed for each person.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Eliza House. One person told us, "I feel safe." Another person said, "Staff keep a check on me during the night and they answer the call bell almost straight away."
- Relatives also confirmed that they felt their family member was safe at Eliza House. Comments included, "I think it's a safe home altogether" and "100% safe and the best decision I could make for [person]."
- The providers safeguarding policy explained clearly the different types of abuse, the signs to look for and the actions to take to report concerns.
- Staff received training on safeguarding, understood their responsibilities and explained the actions they would take to report any concerns.
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Staffing and recruitment

- Care staff employed by Eliza House had been assessed as safe to work with vulnerable people.
- Recruitment checks included criminal record checks, conduct in previous employment and identity verifications.
- During the inspection we saw sufficient staff available to meet people's needs safely. We observed positive and meaningful interactions between people and care staff. One person told us, "Care staff are very good. They are there when I need them."
- Relatives also confirmed that whenever they visited the home, they saw staff available supporting people. Feedback included, "Yes, and I've seen some new faces, there doesn't appear to be a problem with staffing" and "Yes, there seems to be. The carers are always around the place quickly, lots of staff, doing their job."

Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines were received, stored and disposed of safely. Medicine Administration Records (MARs) were complete.
- We checked that medicine stock levels were in line with stock checks that were completed by the home. We identified some minor discrepancies in stock levels. These were brought to the attention of the registered manager who immediately investigated these and put measures in place to prevent re-occurrence.
- Where medicines were prescribed for use 'when required' (PRN) there was written guidance for staff to know when these medicines should be given. PRN medicines can be prescribed to relieve pain or anxiety.
- People's received their medicines from trained staff who regularly had their competency checked.
- Daily, weekly and monthly audits were also completed to ensure people received their medicines safely.

Preventing and controlling infection

- Eliza House ensured that systems and processes were adhered to, to prevent and control infection. Current guidance was available, including policies and risk assessments, around managing COVID-19 safely.
- Eliza House was seen to be clean and no malodours were noted. Daily cleaning schedules were followed to prevent the spread of infection in line with current guidance.
- We also saw COVID-19 related information posters displayed around the home which helped to raise awareness.
- Staff confirmed that they had access to a variety of Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and received regular training on infection control.

Visiting in care homes

- Information was available to all visitors which specified the processes in place to facilitate safe visits and was in line with current government guidance.
- Screening checks were undertaken to ensure all visitors were safe to enter the home in order to keep people safe from infection.

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 inspection on 22 October 2019 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.

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

At the inspection on 22 October 2019, we recommended the provider consider current guidance on supporting people with their oral hygiene and to update their practice accordingly. The provider had made improvements.

- People were supported to promote and maintain their health and physical well-being.
- People had access to the required equipment to maintain their oral hygiene. The registered manager had introduced processes which enabled care staff to monitor people's oral hygiene, ensure people had the correct equipment to maintain their oral hygiene and for this to be replaced as required.
- Where people required support to access specialist services, records of appropriate referrals that had been made requesting this were documented within the care plan. A visiting health professional told us, "They [Eliza House] utilise all the services available to them. They are on the ball for picking up on things and following things through."
- People's health and wellbeing was monitored on a regular basis and included food and fluid intake, repositioning and weight. This enabled the service to work together with a variety of health professionals where required to ensure people received effective care and support.
- Relatives also told us that their family member's health and care needs were appropriately taken care of. Comments included, "They are looking after him so well. There is a doctor assigned to the home and so he can see a doctor whenever he needs to" and "There's a doctor on hand, who called me to tell me that they [Eliza House] had found a urine infection with him."

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

- Eliza House undertook a detailed assessment in line with current standards, guidance and the law to determine whether they were able to meet people's needs and preferences safely and effectively.
- The assessment took into consideration and assessed areas which included people's moving and handling needs, specific equipment required, current medical conditions, nutritional needs and the person's life history.
- Following the assessment, a care plan was compiled for care staff to follow. Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by care staff that received the required training and support to meet their needs safely and effectively.
- All newly recruited care staff completed an induction, mandatory training and a period where they shadowed a more experienced member of staff and assessed as competent before working independently.
- Specialist training was also provided to care staff so that they had the required skills and knowledge to support people effectively with their specific needs.
- The registered manager ensured staff training was current, refreshed regularly and offered additional support where needed.
- Staff told us and records confirmed that they received regular supervision and an annual appraisal. Staff confirmed that they were supported in their role.

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

- People were supported to eat and drink well.
- People had been asked about their likes and dislikes relating to food and drink and this was documented within their care plan. The cook was also very aware of people's likes and dislikes and ensured that people's preferences were met.
- People spoke positively about the meals they were provided with at Eliza House. Comments included, "They food is very good. I've told them what I want" and "Food is very good." However, people also told us that they were not always offered a choice of meal and ate what they were given. We discussed this with the registered manager who assured us that they would look at addressing this with a view to improving people's mealtime experiences.
- Care plans recorded people's dietary needs including any specialist or culturally appropriate dietary requirements.
- Where people's food and fluid intake required monitoring due to specific health risks, this was done. People were weighed regularly and where concerns were noted this was escalated to the appropriate health professionals for further intervention.

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

- The provider had adapted, designed and decorated the home to meet people's needs.
- Improvement plans were in place to further enhance the decoration of the home in line with people's needs and wishes.
- The provider considered and implemented the use of appropriate signage which, supported way finding around the home and promoted people's independence especially for those people living with dementia.
- People were able to access all areas of the home including the garden and outdoor areas, with the support of a staff member.
- People's bedrooms had been personalised with items, photos or pictures that meant something to them.

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 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.

- People and where appropriate, their relatives, had consented to the care and support that they received.
- Where required, people had appropriate DoLS in place. Records confirmed this.
- Mental capacity assessments had been completed to determine capacity. Where people lacked capacity, certain best interest decisions had been documented where required.
- During the inspection we observed care staff asking people's consent when supporting them and treating them with dignity and respect.
- Care staff demonstrated a good understanding of the MCA 2005 and how they delivered care in line with the key principles.

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 inspection on 2 October 2019 we rated this key question requires improvement. We had found that whilst people were supported well and treated with dignity and respect, issues identified as part of the overall inspection process did not promote the caring nature of the service.

At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by care staff with respect and who promoted their privacy, dignity and independence. We observed positive interactions between people and care staff.
- At the inspection in October 2019 we found examples of where written records did not always promote people's dignity. During this inspection we found that this had been addressed. Care plans were person centred and described people's needs and wishes in a respectful manner.
- People told us, "Carers are respectful, they knock on the door and they ask my consent", "They [care staff] are friendly and very good." One relative stated, "Yes, all the staff treat [person] with respect."
- People were supported by care staff to remain as independent as possible. One person told us, "I can do some things myself and they [care staff] help me where I need." Care staff described how they supported people which promoted their independence. One care staff explained, "We enable people to do what they can for themselves. We help where required."

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

- People and relatives spoke highly of the care staff team. People used words such as "kind, caring, lovely, friendly, nice and good" when describing the care staff that supported them. One person told us, "If I didn't like it here, I would walk out."
- Relatives feedback about whether they thought their relative was well looked after and if the service provided was of caring nature included, "[Person] says she loves her carer. She is very happy there" and "Its nice to see him in clean, neatly pressed clothes. Always shaved and smart."
- Throughout the inspection we observed that people had established positive relationships with the care staff and the registered manager. The registered manager and care staff knew people well. People were confident in approaching staff with their concerns or comments. One person said, "I can speak with [registered manager] , she is very good."
- People's religious and cultural beliefs had been recorded in their care plan. People were supported where required to attend their place of worship. Phone and video calls were also facilitated where people were unable to attend.
- Staff had a clear understanding and awareness of people's diverse needs and ensuring equality regardless of their gender, sexual orientation, race and religion. One care staff told us, "Care is care, we are all human beings, I would like to care for everyone as I would like to be cared for when I am old."

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

- People were involved in every aspect of their care provision. We observed this in practice during the inspection. Care staff were seen to ask people what they wanted and how they wanted to be supported. People were offered choice and where people expressed their preference this was respected.
- People told us that regular residents meetings were held, and they were given the opportunity to give feedback on the quality of care that they received. One person told us, "[Activity co-ordinator] always tells me what's happening. She asks me questions and writes down what I say." Another person said, "They do have a committee of residents where we can have our say. They ask us if we are happy, if everything is okay? I could tell them what I wanted."
- Relatives also confirmed that they had been involved in the care planning process. Feedback included, "The manager asked a ton of questions and built a care plan based upon that. We felt very involved" and "The manager is very welcoming. She asked us for all the history and noted it all down."

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 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.

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

At our last inspection we recommended that the provider and registered manager continue to work proactively to ensure that all improvements and developments implemented are sustained and fully embedded within current management practices and processes so that people continue to receive safe and effective care and treatment which is responsive to their needs. The provider had made improvements.

- The provider and registered manager had successfully managed to implement and maintain systems and processes which enabled them to sustain and embed the improvements noted at the last focused inspection.
- The provider, registered manager and staff team, continued to work together towards achieving and delivering good quality care. One visiting healthcare professional told us, "[Registered manager] is a good manager. She has turned things around." One senior carer stated, "We have improved a great deal since we have had [registered manager]. [Registered manager] really does her best."
- A variety of audits and checks were completed to monitor the overall quality of care and the overall management of the home. Audits and checks completed covered health and safety, medicines management, infection control, care plans and infection control. The service improvement plan was continually updated, and the team ensured that where issues were identified these were addressed within set timescales.
- We were also shown management oversight, analysis and reviews of complaints, safeguarding concerns and accidents/incidents so that where required learning, development and preventative measure could be discussed and implemented to prevent future re-occurrence.

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

- People told us that they were happy living at Eliza House and were well looked after. Comments included, "I am well looked after here. I have been to two homes before, this is far by the best" and "I enjoy being here. They [care staff] are very good."
- Relatives feedback about Eliza House was overwhelmingly positive. We were told that care staff delivered person centred care and enabled people to lead a fulfilled life whilst living at the home. Comments included, "The staff really get to know all the residents well", "[Person] absolutely loves it here. I haven't seen him so happy for years" and "They [care staff] do cake making, bingo and lots of singing. Sometimes, the

home feels like a celebration!"

- Throughout the inspection we observed the registered manager to be visible around the home, speaking with and supporting people as required. People were seen to respond positively and appeared to know and recognise the registered manager and care staff.
- Relatives told us that they found the registered manager to be open and approachable. Communication was positive. Feedback included, "Good manager, hands full sometimes but an open book, easy to talk with" and "She knows all the residents well, and their history. She phones me sometimes to have a chat. She always asks if everything is okay, and we have a chat every time I visit."

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 understood their responsibilities around duty of candour and being open and honest when something had gone wrong.

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

- People and relatives knew the registered manager and the care staff team very well and told us that they were able to approach them at any time. One person told us, "She [registered manager] is very nice. You can approach her at any time." Another person said, "[Registered manager] is very good. I can speak with her."
- People and their relatives confirmed that they were involved in the care planning process and were regularly asked to give feedback about the quality of care delivery. People told us that they were supported to engage in monthly residents meetings where they were asked for their feedback about the care they received and suggestions and ideas for improvement. One person told us, "They do have a committee of residents where we can have our say. They ask us if we are happy, if everything is okay. I can tell them what I think."
- Care staff told us that the registered manager was very supportive, approachable and listened to their ideas and suggestions. Care staff also stated that they had seen great improvement in the overall management of the home since the registered manager had been in post. One senior carer told us, "You can go to [registered manager] with anything. She is doing very well. Staffing is very good. With [registered manager] and [deputy manager] we are very supported, we go to [registered manager]."
- Regular staff meetings enabled staff to receive regular updates, share experiences and review practices.
- The home worked in partnership with other agencies to support people with their physical health. A visiting health professional told us, "They are very proactive. They utilise all the services. They are very on the ball and not shy to ask for help."
- Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.