

Anchor Trust

Elizabeth Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Elizabeth Court is a purpose built home providing care and accommodation for a maximum of 59 old people, some of whom are living with dementia. There were 48 people living in the home on the day of this inspection.

The inspection took place on 9 August 2017 and was unannounced.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since our last inspection, the manager who was present on the day had left the service and a new manager had been recruited. The new manager would be commencing with their application to CQC to become registered manager.

We carried out a comprehensive inspection of this service on 2 March 2017 where we found five breaches of legal requirements. One breach relating to good governance within the home was a continued breach and as such we issued a warning notice to the registered provider. We gave the registered provider until 30 June 2017 to become compliant in the areas covered in our warning notice. This included deployment of staff, maintaining contemporaneous records, acting on shortfalls identified in quality assurance audits and responding to feedback received from people living in the home.

Following that inspection, the provider's regional and district manager's provided us with monthly action plans to inform us of their progress against the areas we identified. We undertook this focussed inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This inspection found that the registered provider had partially met the requirements of the warning notice. We spoke with the district manager and manager at the end of the inspection in relation to our findings. We informed them we will be carrying out another comprehensive inspection sooner than scheduled to check that they have fully addressed all areas.

This report only covers our findings in relation to the leadership of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth Court on our website at www.cqc.org.uk.

The management and staffing team at Elizabeth Court had been working hard to improve the standard of record keeping across the service. However we found there was still a lack of contemporaneous record keeping for people. Some of this was down to the time team leaders had available to them to review and update the care plans. Deployment of staff within the home was better managed and staff told us they felt things had improved with regard to the support they received from team leaders and senior staff.

There were much improved systems in place to regularly audit and improve the service delivered. Where

shortfalls had been identified we saw that action had been taken.

People were able to give their feedback and where people made suggestions in regard to the service, we heard from them that they had been listened to. Activities had improved slightly in that an external outing had taken place and a further two had been organised, however more focus was needed to help ensure people had access to activities that interested them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

Contemporaneous records were not always held for people.

There was no registered manager in post.

People were able to make suggestions to the running of the home and they told us these had been responded to. External activities had commenced.

A range of audits were regularly carried out to maintain quality and the safe running of the service.

Deployment of staff was better managed.

Requires Improvement 

Elizabeth Court

Detailed findings

Background to this inspection

We undertook an announced focussed inspection of Elizabeth Court. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because the service was not meeting some legal requirements in this area at the time of our last comprehensive inspection.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of the inspection we spoke with four people, two relatives and 10 staff, including the provider's district manager, the new manager and the deputy manager.

We reviewed a number of documents relevant to the management of the service. These included the care plans for 10 people and a variety of audits and records relating to quality assurance.

Is the service well-led?

Our findings

At our comprehensive inspection in March 2017 we identified that the records held for people were not accurate or up to date. We also identified that audits carried out were not picking up shortfalls within the service, such as poor record keeping, issues relating to deployment of staff, a lack of involvement of people and a lack of external activities. We noted the district manager carried out their own audits. We read that they had identified similar areas that required improvement.

We found at this focussed inspection that some areas had improved, but there was further work needed to be done. We spoke with the district manager, the manager and deputy manager about what we had found at the end of our inspection. We told them that although there had been some improvements we found they had not fully met the requirements of the warning notice. As such we will be carrying out a comprehensive inspection sooner than scheduled and we will expect to see improvements in all areas.

Although some improvement had been made to people's care records we still found areas where there was a lack of information or information recorded was not up to date. One person had an infection but it was not obvious from their care plan that this was the case. Although we had been told this person had had follow up tests carried out this was not recorded and not all staff were aware of this. Another person was diabetic and although there was a one-page leaflet about diabetes in their care plan there was no guidance for staff on what to look out for should they become unwell. Another person had no food and fluid chart in place although they should have had (we noted their weight was steady) and a further person had contradictory information in their care plan about the support they required when walking. Team leaders told us they knew the records were behind and said this was not helped by the fact that they no longer had management days where they could spend time reviewing care plans. One told us, "We get no admin days, we used to get one every fortnight but it doesn't happen anymore." Another said, "We need more carers and more team leaders. We cannot review the care plans as often, as we are trying to do everything. We are trying to catch up on everything, it's all very overwhelming." They told us the deputy manager was, "So good and supportive, she knows the struggles we have."

People were benefitting from an improved deployment of staff. One person told us, "There are always staff around, I only have to ring my bell and they come." Another said, "Yes, there have been a few more people." Staff deployment had been better organised by senior staff to ensure that staff were available for people. Each unit had two care staff and there were two floating team leaders on duty as well as the deputy manager. We were told that team leaders covered any periods when staff were on their breaks and staff told us they could always call and someone would come to support them. A staff member said, "The team leaders come if we are going on our break. There are always two staff and we work well together as a team." Another told us, "There is more visible staff and the team leaders are helping." Each month the response time to call bells was audited and where call bells appeared to take a long time to be answered this was followed up to identify the reason why. We noted in most cases this was because the call bell had not been immediately reset by staff.

We did find however that one unit had people with higher needs who required two staff members to support

them. This meant that staff felt under constant pressure because when they were assisting a person, others were left without staff present. A staff member told us they did not feel there were enough staff on this unit. They said, "It is a risk when each person needs two people to move them (but there were only two staff on duty)." We spoke with management about this at the end of our inspection who told us they would review staffing levels in this area of the home.

People had been on an external outing and further outings were planned. One person told us, "We had a good outing in the summer to the seaside – absolutely marvellous." Another person told us, "I did not go to the seaside, but I know they are organising another outing which should be good." However, we did hear from some people that they wished more was going on. One person told us, "We want something light-hearted." Another said, "We've only had the one outing in all the time I can remember."

People had the opportunity to give their feedback through residents meetings and they told us that they felt they were more listened to. Two people told us they always attended the meetings. One person told us, "Yes, we have a group that meets and we got rid of mushy peas – we don't like them." Another person told us, "I was fed up with staff trying to find the weighing scales so I spoke up and asked if we could have some more and this was done." One relative said, "Residents meetings seem to have been better."

People lived at a home where there were a number of systems in place for auditing and monitoring the service they received. These included regular checks on medicines, health and safety and food hygiene and cleanliness. Following the requirement from the last inspection, there had also been an increased emphasis on the monitoring of care records to ensure these accurately reflected the care provided as well as introducing call bell audits and staffing level/deployment audits. Care plan audits were carried out with approximately four care plans being reviewed each month. We found that where gaps had been identified, staff had taken action to remedy this and the care plan audit was not signed off by senior staff until all shortfalls were addressed. A recent external medicines audit had been carried out which identified less actions required from staff from their previous audit.

Where actions or shortfalls had been identified we saw that these had been followed up by staff. We noted that audits had identified a housekeeping and health and safety risk assessment were due and saw these had been done. Other actions identified in audits had been followed up or reported, such as reporting to the property maintenance team about two environmental areas that required attention. Falls were analysed each month and action taken to help ensure they did not reoccur, such as one person who had been referred to external professionals in relation to their falls.

There was a new manager at the home who was going to be applying to CQC to become registered manager. This was following a period of almost one year that the home had been without a registered manager. During this period the registered provider's regional and district managers had been supporting staff. We asked people, relatives and staff about senior management within the home. One person said, "It's just ticked along." A second told us, "What I've seen of (the new manager) I think she's going to be good." A relative told us, "A duty manager was really good and supportive." A staff member said, "(The deputy manager) is fantastic. She is so supportive." Another told us, "(New manager) is engaged – she has lifted everybody." A third staff member said, "The new manager seems determined and (the deputy manager) is very good. She has kept things going." A further staff member commented, "The deputy and area manager have 100% supported us. The new manager has come to introduce herself to us. We are very excited and happy and hope she will stay."