

# Peaceform Limited

# Eliza House

## Inspection report

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Date of inspection visit:  
10 September 2018  
11 September 2018

Date of publication:  
30 October 2018

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 10 and 11 September 2018 and was unannounced.

Eliza House has been inspected twice in the past 15 months. Significant issues and shortfalls in care were identified at the inspection on 15 June 2017 and the service was rated requires improvement overall with an inadequate rating under the key question of well-led. The Care Quality Commission (CQC) took enforcement action in the form of issuing warning notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which meant that the provider was given a specific timeframe within which the service was to meet the regulations.

At the last inspection on 30 November 2017 we found continued breaches of Regulation 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to lack of detailed risk assessment, concerns related to health and safety, infection control and the condition of the fabric of the home and ineffective quality audit systems. Although some improvements had been made, overall the service had failed to improve the standards of care and had not met the requirements of the warning notice. The service was again rated requires improvement overall with a rating of inadequate again under the key question of well-led. Due to the second and consecutive time the service had been rated requires improvement and inadequate under well-led we placed the service under special measures. Enforcement action was again taken by the CQC, with warning notices issued for the continued breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had addressed these breaches and was now meeting the regulatory standards.

Eliza House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eliza House accommodates up to 26 people in one adapted building. At the time of this inspection there were 22 people living at the service.

There was a registered manager in post at the time of this inspection. 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.

Feedback from people and their relatives was overall positive and comments were made about the improvements that had been made over the last nine months. People and their relatives commented that they felt safe and well looked after at Eliza House.

Risk assessments were detailed and comprehensive and gave clear direction and guidance to care staff on how to reduce or mitigate identified risks in the least restrictive way; keeping people safe and free from harm.

We observed sufficient numbers of care staff available throughout the inspection who were available to provide care and support that appropriately met people's needs.

Significant improvements had been made to the environment and decoration of the home. The home was observed to be clean and health and safety processes in place ensured people's safety within the home. Plans continued to be in place for further environmental and decorative improvements.

The provider and the registered manager completed a wide range of audits and checks to monitor the provision and quality of care services that people received. Where issues and concerns were identified we generally saw that actions taken had been clearly recorded. The service demonstrated keenness to learn and make necessary improvements where required. However, the provider and the registered manager needed to consolidate all the checks and audits they were each completing to ensure there was one shared action and improvement plan that could be clearly tracked and monitored.

Medicines administration and management processes were found to be safe which meant that people received their medicines on time and as prescribed.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report to if people were at risk of harm. Staff understood the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

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

The service had robust systems in place to ensure that only care staff assessed as suitable to work with vulnerable adults were employed. Care staff were regularly supported through training, supervisions and annual appraisals to ensure they carried out their role effectively.

Accidents and incidents were clearly documented and analysis of these were completed on a monthly basis to identify any trends or patterns with a view to learning and improving to minimise re-occurrences where possible.

People had access to a variety of healthcare professionals to support them with their health and care needs. Where the service identified specific needs or concerns referrals to the appropriate services had been made for people to receive the required support.

People were able to choose what they wanted to eat daily with menu options available based on people's likes and dislikes. Where people had specialist dietary requirements, this was catered for.

The registered manager had implemented new care plans for each person residing at Eliza House. Care plans were detailed and person centred and gave clear information about the person and how they wished to be cared for.

The service had made improvements in the provision of regular activities. An activity co-ordinator was available throughout the week and had implemented a daily plan of activities. In the absence of the activity co-ordinator, care staff were also required to initiate and facilitate activities.

People, in consultation with their relatives, the service and involved professionals had documented their

end of life wishes.

We saw people were supported in a respectful and caring manner by care staff. People had established close relationships with care staff and people were seen to be confident and comfortable when interacting with care staff.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate under the key question of well-led. Therefore, this service is now out of Special Measures.

## 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. Care staff knew of the different types of abuse, how to recognise this and the actions they would take to report their concerns.

Risk assessments were clear and comprehensive and gave direction to care staff on how to manage or mitigate the risk so that people were kept safe and free from harm.

Safe medicine management processes in place ensured that people received their medicines on time and as prescribed.

Sufficient number of care staff were observed to be available during the inspection to meet the needs of people.

Safe recruitment processes ensured all those care staff assessed as safe to work with vulnerable adults were employed.

Accidents and incidents were clearly documented with a monthly analysis in place to identify trend and patterns to prevent possible re-occurrences.

### Is the service effective?

Good ●

The service was effective. People's needs were assessed prior to their admission to the home to ensure their needs could be effectively met.

Care staff were regularly and continuously supported in their role through training, supervision and annual appraisals.

People had access to a variety of healthcare professionals to ensure their health and well-being was positively maintained. Where specific concerns or needs were identified appropriate referrals had been made.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these were to be put into practice when supporting people.

People's likes and dislikes in relation to food and drink had been clearly documented. Where people required support with their

nutrition and hydration needs this was appropriately provided.

### Is the service caring?

Good ●

The service was caring. We saw positive and caring interactions between people and care staff.

People were treated with dignity and respect and care staff were able to give us examples of how they achieved this.

Care staff supported and encouraged people to be involved in making decisions about how they wished to be supported. Relatives also confirmed that the service involved them in the planning and delivery of their relative's care.

Care staff knew people well and demonstrated a good understanding of how people were to be supported.

### Is the service responsive?

Good ●

The service was responsive. Care plans were detailed and person centred and gave clear information and guidance on how the person wished to be supported.

Significant improvements had been made to the provision of activities for people. People were encouraged to participate where possible.

Care staff knew people well and information about the person, their interests and preferences was available to them to ensure care provision was responsive and tailored to those needs.

People and their relatives had been involved in discussions about their end of life care and this had been documented.

People and their relatives knew who to speak with to discuss their concerns. The service documented all complaints and the actions taken to make the necessary improvements where required.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. Whilst improvements had been made, the service has not satisfied the Care Quality Commission that improvements to the quality of care have been embedded and sustained.

A number of audits were in place which allowed the service to monitor and identify issues with a view to making the required

improvements and take forward learning. However, the provider and registered manager need to consider how to consolidate these audits and action plans to work from one shared plan which could be clearly tracked and monitored.

People and their relatives knew the registered manager well and were complementary of the improvements that had been seen since the last inspection.

Care staff were also positive about the registered manager and stated that positive changes had been made since the last inspection and they felt well supported in their role.

The service worked well in partnership with a variety of healthcare professionals to ensure people received good care and support. This also included positive partnership working with the local authority to improve the service.

# Eliza House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 September 2018 and was unannounced.

This inspection was carried out by two inspectors, a pharmacist inspector and two experts by experience who spoke to people and visiting relatives at the home and made telephone calls and spoke with relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. Since the last inspection the provider had also submitted an action plan which detailed the improvements to be implemented. We reviewed this as part of the inspection process.

We also reviewed information we had about the provider, including notifications of any safeguarding alerts or other incidents affecting the safety and well-being of people using the service.

Throughout the inspection process we spoke with four people who used the service, four relatives and one family friend. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with the nominated individual, the registered manager, two night care staff, four care staff, the activity co-ordinator and the person who took care of the day to day maintenance of the home. We also looked at six staff files and training records.

We looked at five people's care plans and other documents relating to their care including risk assessments.



We reviewed 20 people's medicine records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

People and their relatives confirmed that they felt safe living at Eliza House. People told us, "If I want anything I ask for it, if I have any concerns they sort it out" and "We feel safe, there is always someone around." Relatives feedback included, "Yes, I believe that my mother is safe there" and "I am sure that he [person] is safe."

At the last inspection in November 2017, we found significant issues in relation to the health and safety of people living at the home and the fabric and condition of the home which placed people at risk of harm. This included running water which was too hot, hot radiators without covers to protect people from burning themselves, incorrectly installed window restrictors, chemicals not securely stored and broken lights and toilets which could injure people. Following our feedback, the service took immediate measures to make the necessary improvements. However, due to the serious nature of concerns we found, we took enforcement action and issued a warning notice to the provider relating to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring them to address the issues identified during the inspection in a specific timeframe. During this inspection we found that the service had met the requirements of the warning notice.

We found that the service had significantly improved the safety of the home. Regular and comprehensive checks were completed to ensure people were kept safe and free from harm. Water temperatures were checked on a weekly and monthly basis to ensure that temperatures were maintained in the required safe range. Window restrictors in place met legal requirements. Where items such as toilet cisterns, light bulbs and radiator covers were broken and posed a risk of harm to people, these had been repaired or replaced. Chemicals had been locked away and where gel sanitisers had been left loose and accessible to people, these had been removed and replaced with sanitisers securely attached to the wall which people would not be able to access.

At the last inspection in November 2017 we found that risk assessments had not improved and were not always consistent with the information available within people's care plans. This issue had also been identified in the previous inspection in June 2017. At this inspection we found that the registered manager had made significant improvements to the content of people's risk assessments which included detailed information on how the person was to be supported to remain safe.

Risk assessments identified people's individualised risks and gave clear information and direction to care staff on how to reduce or mitigate known risks to keep people safe and free from harm. Identified risks included falls, weight loss, risks associated with specific health conditions such as epilepsy and diabetes, challenging behaviour and going missing. Risk assessments documented the identified risk, the person at risk, how the risk was to be managed and how the person was to be supported. Risk assessments were linked to the relevant section of the care plan. For example, where assessments had been completed to assess people's skin integrity this fed in to the skin care plan giving care staff information and guidance on how the person was to be supported.

At the last inspection we found issues relating to the disrepair and overall maintenance of the home. Foot operated clinical waste bins were not available, the electrical system and boiler room door was unlocked, the door leading to a steep flight of stairs was left open, the light for the stairs was not working and the door did not have a slow closure mechanism and a fire door had been left wedged open with the use of a foot stool. The home required decorating and fittings and fixtures around the home were poorly maintained. These issues placed people at the risk of harm.

At this inspection we found that these issues had been addressed. The provider had carried out significant improvements around the home which included decoration, repairs and improvements. Regular weekly checks identified issues which were addressed immediately by a permanently appointed maintenance person. Ongoing refurbishment plans were also in place to ensure regular maintenance and improvements to the home were carried out.

Medicines management and administration processes in place were found to be safe. People received their medicines safely and as prescribed. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. Records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Quantities of medicines given when required were clearly recorded. The use of emollients and barrier creams was recorded on individual cream charts.

When medicines were prescribed to be given 'as needed', or where they were to be used only under specific circumstances, protocols were in place which gave guidance to inform staff about when these medicines should and should not be given. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in a way that was both safe and consistent. 'As needed' medicines can include medicines that help people when they become anxious or are in pain.

Controlled drugs (CD) were stored and managed appropriately. The CD cupboard had been securely attached to a wall. A number of people received medicines which were disguised in food or crushed which is known as covert medication. People would possibly receive medicines covertly where they lacked the capacity to understand the implications of refusing their medicine. When medicines were being administered covertly to people we saw there were the appropriate agreements in place which had been signed by the GP, family and pharmacist. Daily temperature checks of the medicines room and the medicines fridge were recorded to provide assurance that medicines were kept at the correct temperature and were safe to use.

Staff who administered medicines had the appropriate training and competency assessments to ensure medicines were given safely to people. The registered manager completed daily, weekly and monthly checks to ensure the administration of medicine was being recorded correctly. There was a running stock balance kept for all medicines and the samples we checked were correct.

At the last inspection in November 2017 we found that the registered manager had not fully followed up on a safeguarding concern raised by a care staff member about unexplained bruising. Following the inspection, the registered manager took appropriate actions to ensure the person was safe and fully investigated any concerns relating to possible abuse. During this inspection we saw records confirming that each safeguarding concern raised had been investigated with details of actions taken, appropriate referrals that had been made and the outcome of the investigation. Care staff that we spoke with clearly defined the different types of abuse, the signs they would look for if they thought a person was being abused and the actions they would take to report their concerns. One care staff told us, "Protecting the vulnerable person.

Anything that threatens the safety. Any abuse we have to take it up, we don't leave it." A second care staff stated, "I would let the seniors know and the manager." Staff also understood what whistleblowing was, how and who to report concerns if necessary.

The service followed robust recruitment processes to ensure only care staff assessed as suitable to work with vulnerable adults were recruited. Care staff files that we looked at contained the necessary documentation which included, criminal records checks, proof of identity, references containing detail of conduct in previous employment and eligibility to work in the UK.

We observed there to be sufficient staff members throughout the home who were available to appropriately meet the needs of people. Care staff were not rushed and supported people in a respectful and timely manner. The registered manager and provider completed monthly reviews of each person's dependency and level of need from which the required number of care hours and care staff was determined and allocated. Where people's needs increased and decreased, the provision of care and support was adjusted accordingly. Overall, relatives confirmed that when visiting their relative they always observed there to be a staff member available and supporting people.

Accidents and incidents were clearly documented with details of the accident, the injuries sustained and the actions taken to support the person. In addition, the service also collated witness statements and completed body maps and photos of significant injuries so that a comprehensive investigation could be conducted with a view to implementing improvement and learning to prevent any further re-occurrences. The registered manager reviewed each accident or incident that was recorded and sent referrals to the appropriate health professional where appropriate so that people received the appropriate care and support in response to the accident. The home also closely monitored any falls that people had. Records showed that there were monthly audits and reviews of any falls that had occurred which were shared with health care professionals supporting the home.

The home was clean and free from any mal-odours. We observed cleaners throughout the inspection maintaining the cleanliness of the home. Care staff received training on infection control and guidance was displayed around the home on how this should be maintained for example procedures for washing of hands. Care staff had access to personal protective equipment.

Each person had a detailed personal emergency evacuation plan (PEEP) in place in case of a fire. This gave information about the person and their moving and handling needs especially during an emergency and the directions staff were to follow. PEEPS were reviewed monthly and updated if there were any changes to people's needs.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Records showed that there were weekly and monthly fire safety and alarm checks.

We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed. This included cleaning schedules, specific food preparation areas for meat and vegetables, records of cooked food temperatures and food storage temperatures. Issues identified as part of the local authority food hygiene inspection in May 2017 had been addressed. However, we did note that the kitchen was not locked and accessible to all, prescribed food supplements had been left accessible in the kitchen and sharp knives had been left easily accessible. People could be at risk of harm if they accessed the kitchen area. We highlighted these concerns to the registered manager and provider who said these issues would be addressed.

## Is the service effective?

### Our findings

Most people were unable to tell us about whether they felt staff were adequately trained and skilled to deliver effective care and support. This was because most people living at Eliza House were living with dementia and were unable to understand the question that was being asked. One person did say, "Yes I am sure they would." Relatives overall confirmed that they did feel staff were appropriately trained, were good and supported their relative well. Comments included, "As far as I am aware, yes!", "The staff seem to work hard and I am sure that they care as best they can" and "The staff work hard and they are lovely."

The service carried out a comprehensive pre-admission assessment of the person's needs and requirements so that the service could confirm they could safely and effectively meet those identified needs. The assessment covered areas such as current health and medical needs, continence needs, social and mental health needs, falls history, moving and handling needs and identified risk associated with their health and care needs. The assessment also recorded people's choices and wishes on how they wanted to be supported which included their likes and dislikes and any identified religious and cultural requirements.

Based on the information obtained, detailed and person-centred care plans had been created which gave clear direction and guidance to care staff on how to support the person. Assessments had been completed in partnership with involved relatives and health care professionals. Where people required specific equipment to support their health and care needs this was provided. Care plans were reviewed monthly to ensure they remained current and reflective of the person's needs.

Care staff told us that they were appropriately supported through regular training, supervision and annual appraisals. One member of care staff told us, "Yes, first I was shown around the building, fire safety and then the residents and what their problems were." A second member of care staff stated, "We have a supervision every month. We talk about work, how we need support training and if there is something you are not happy with." However, records of supervision and annual appraisals were not always consistently available in care staff files. We highlighted this to the registered manager who said he would ensure improvements were made in this area.

Care staff went through an induction programme prior to starting work at the home. However, we noted that the induction programme was completed within one day and covered a range of topics which included, 'Your role and responsibilities', 'Orientation to the home and staff', 'health and safety issues' and 'Understanding the structure and role of the company' and more. The provider's induction policy stated, 'The manager should ensure that during the first two weeks of employment the induction checklist should be completed for every new staff member relevant to the workplace.'

We highlighted to the registered manager and the provider that the induction checklist did not seem to be a robust process, that one day for an induction seemed a short period of time for new staff to learn and absorb the information presented to them and that there were no records of whether new staff shadowed other experienced staff before working independently with people. The provider showed us a manager's competency assessment toolkit which had been completed for each care staff member. The completed

document was comprehensive and like an induction process. The registered manager and provider confirmed that they would review the current process to ensure a more current module was to be used for all future inductions.

At the last inspection in November 2017, people's needs were not always met by the adaptation, design and decoration of the home. At this inspection we found that the provider had implemented their refurbishment plan and had made significant improvements to the decoration of the home and included adaptations and designs which supported people living with dementia. We saw appropriate signage around the home directing people to toilets and dining areas, different coloured doors entering people's bedrooms and orientation aids such as a photo frame of the person outside their bedroom which included a personalised statement about the person.

People were offered choice and variety to support them with a healthy and nutritious diet. A weekly menu was on display which listed the options available to people. A pictorial menu had also been created so that people could see meal options and choose which one they liked. Menus were planned by the chef based on people's likes and dislikes which were clearly documented within the person's care plan.

People were served in a timely manner and where support was required this was offered and provided in a respectful manner. Food looked and smelt appetising. Care staff knew the people they were supporting and knew about their likes and dislikes in relation to food and drink. People were seen to be able to sit in the dining room or the lounge area if they wished. Care staff were always present in each area checking on people's progress, while focusing their attention on people who required support. Throughout the day we observed people had access to a variety of fruit and a choice of drinks were available which people could access independently where possible.

We received mixed feedback about the meals that people received. One person told us, "I enjoy the food here, yes." Another person stated, "Horrible food. If I ate anymore I would be taken to hospital." Relatives' comments included, "My mother eats quite well and has not lost or put on any significant weight. I have seen lunch being served whilst I visit and it is reasonable", "The food is adequate" and "No need to worry it is a perfectly balanced diet."

There were lists in the kitchen of people who required specialist diets, such as mashed, pureed or vegetarian food. One person had a severe allergy. The chef was aware of this allergy and there was guidance noted on the kitchen wall around what foods needed to be avoided. Where people's nutrition and hydration intake needed to be monitored, charts were in place to facilitate this. People's weights were checked and monitored monthly. Where weight loss or excessive weight gain was noted we saw records confirming that the appropriate referrals had been made to help ensure that people's nutritional needs were met.

Where people required professional input in relation to their health and medical needs, care staff and the manager were aware of how to access the additional resource where required. Eliza House also worked in partnership with the local Care Home Assessment Team, which consisted of nurses, occupational therapists and geriatric consultants, who supported the home with acute illnesses to prevent any unnecessary hospital admission. Each person's care plan contained records of all visits and appointments made by a variety of healthcare professionals such as GPs, dentists, chiropodists and district nurses. Details of the visit and any actions to be taken had been recorded.

Handovers provided care staff at every change of shift current information about the person and how their day had been with details of any significant events that had taken place with follow up actions stipulated where required. This ensured continuity of care for each person and that they received the appropriate care

and support that they required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

People had consented to their care where they held capacity to do so. Where people lacked capacity care plans documented this and a mental capacity assessment and best interest decisions had been completed on their behalf with the involvement of their relative and involved health care professionals. Best interest decisions had been made in areas such as 'do not attempt cardiopulmonary resuscitation' (DNACPR) directive, leaving the building, administering medicines or where a person required support with their personal care.

Care staff understood the principles of the MCA and how to support people based on these principles. One member of care staff told us, "We are guided by the five principles. Never assume a person has mental issues until proven otherwise. If proven you guide the person, you don't take over an any way. Decisions would be theirs where they can. If it becomes necessary to use restriction, you use the least restrictive option." Another care staff explained, "We shouldn't pressure them [people]. We should give them a chance to make their own choices. If there are any changes we let the manager know as they possible need an assessment."

## Is the service caring?

### Our findings

People and their relatives were happy living at Eliza House and with the care and support that they or their relative received. One person, when asked if they thought staff were caring told us, "I do yes. They make sure I can go to the toilet, make sure I am tucked up in bed and they check on me at night." Feedback from relatives included, "The staff are caring and kind and they do their best", "I think all the staff are very kind and caring" and "I have seen all the elderly people in the common room and they all seem to be relatively happy."

We observed people had established positive caring relationships with the care staff who supported them. Care staff knew people, their behaviours and personality traits well and were able to support them based on this. We heard one member of care staff asking a person, "Are you comfortable? Would you like a cushion on your back? I'll go get you a cushion." We saw the care staff go get the cushion for the person and place it to make them comfortable. Another person who was quite confused wanted to leave the building. A care staff member distracted her by reassuring her and telling her that she needed to have a cup of tea before she left. The person was seen to be reassured and went with the care staff member.

We saw that care staff always involved and asked people about how they wanted to be supported. Care staff explained what they were doing and encouraged people to be involved in tasks that they were able to undertake. One person held responsibility for updating the notice board in the lounge, every morning with the day and date and we saw this happening on both days of the inspection. One relative said, "Yes, they engage my mother in conversation." Relatives also confirmed that they were involved in all aspect of their relatives care and support and that the service communicated well with them.

People and their relatives told us that they were always treated with dignity and respect and that their privacy was maintained. We saw this to be the case throughout the inspection. One relative told us, "I believe they are respectful when dealing with my mother's personal care." Another relative told us that staff always used her mother's name respectfully when addressing her. Care staff described how they ensured people's dignity and privacy was maintained always. One care staff told us, "If I want to go to a person I will have to knock on their bedroom door and wait for a response. You just don't barge into their room." Another care staff member explained, "I make sure I talk to people, getting close to them and speaking in a low tone and closing the door when supporting with personal care."

We saw staff promoting and maintaining people's independence. One care staff member said, "We allow people to do what they want to do but we observe them to keep them safe." Another care staff explained, "We promote independence by encouraging them, persuading them. For example, when a person is trying to walk."

Staff were positive about working with people of different cultures, faiths and sexual orientation. Staff were aware that discrimination was a form of abuse. One staff member said, "In this life we choose who we want to be. We accept the person for who they are. We are open to people and their needs." Another care staff said, "Diversity is here. This is a multicultural place. We learn about people and their backgrounds and we try



and learn different languages."

## Is the service responsive?

### Our findings

At our inspection in June 2017 we found the home had few organised activities. During the last inspection in November 2017 we saw that the service had begun to implement improvements in this area and that people were supported and encouraged to participate in a variety of scheduled activities.

At this inspection we saw further improvements in the variety of activities that people could participate in. The provider had commissioned the services of an activity co-ordinator. An activity timetable was on display which listed a variety of activities such as bingo, reminiscence, chair aerobics, musical dance, hang man, puzzles and reading the newspaper. The activity co-ordinator also told us of outings that had been organised where people had been supported to go to the pub, the local garden centre and for walks around the local area.

The activity co-ordinator had also used an available room within the home and transformed it into a sensory room. The room was used to engage with people on a one to one basis using sensory tools such as lights, smells, tastes and touch. Dolls were available for people who benefited from doll therapy which allowed the person to remember the time when they had young children of their own or led them to have pleasant feelings of reminiscence or affection. This supported people, especially those living with dementia to interact and respond leading them into feelings of positive well-being.

We saw activity records which logged people's likes and dislikes in relation to their hobbies and social activities. The activity co-ordinator had also kept records and photos of organised activities that people had participated which included gardening, monthly entertainers, musical quizzes, Easter activities and outings. People were seen to be actively participate in the activities that were taking place. Relatives had also noticed improvements in the provision of activities. One relative told us, "There is an activity lady whom I have met and she is very keen to involve the patients." Another relative stated, "There is an activity lady who is really good and really tries to engage my mother, even if my mother is not interested."

At the last inspection in November 2017 we found care plans were disorganised and contained inconsistent information. At this inspection we found that the service had reviewed each care plan and had reorganised in a format which was easy to read and follow. Care plans were reviewed monthly or sooner where changes were noted.

Care plans contained detailed background history about the person in relation to life events, relationships, likes and dislikes, wishes and preferences. Care staff used this information to establish relationships with people and support them in a way which was responsive to their needs and wishes.

We saw that the service was also responsive where specific needs or concerns about people's health and care had been identified. Handover records, monitoring charts for food and fluid and repositioning charts documented people's needs and requirements based on care staff's observations. This enabled the service to monitor any identified concerns and provide responsive care and support as required. Records were completed and allowed care staff to continually monitor the person and where required increase or

decrease the level of monitoring, care and support based on how the person was responding. One care staff told us, "The daily log is better. Our records now help our work."

People's end of life preferences and wishes had been noted in the advanced care planning section of the care plan. Where people had a 'do not resuscitate' authorisation on file this had been recorded appropriately with their advance care plan. Details included the person's wishes about their religious and cultural preferences on what they wanted to happen following their death and pre-agreed funeral arrangements. We saw evidence that these discussions had taken place involving the person, their family and a multidisciplinary team where appropriate.

People and their relatives knew who to speak with if they had any concerns or issues to raise. One relative told us, "I would never have a problem to complain." A complaints policy was available and displayed around the home which detailed the processes in place for receiving, handling and responding to comments and complaints. Complaints that had been received had been dealt with according to the provider's policy.

## Is the service well-led?

### Our findings

At the previous inspection in June 2017, we found that the processes in place to monitor the quality of service provision were inadequate. Due to the high level of concerns we found, we issued the provider with a warning notice for a breach of Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014 telling them to be compliant within one month. At the last inspection in November 2017 we found that the provider and service had still not met the requirements of the warning notice. We found significant new concerns around health and safety, the environment and the condition of the home. Systems and processes available to oversee the running of the home and quality of care provision were inadequate and failed to identify any of the issues that we identified as part of the inspection. We reissued the provider with a warning notice for the continued breach of Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014 requiring them to be compliant within one month. Due to the service being rated inadequate twice over two consecutive inspections, the service was placed in special measures.

During this inspection we found that the provider and registered manager had implemented significant improvements to the ways in which the service monitored the quality of care provision. The registered manager and provider had several audits and checks that were completed on a daily, weekly, monthly and annual basis which checked areas such as health and safety, environment, care plans, equipment, medicines management and infection control. Where issues or concerns were identified these were recorded with details of the actions to remedy the issue.

Senior care staff continued to complete certain audits and checks as instructed and directed by the registered manager. Records confirmed that once checks had been completed the registered manager checked the audit to ensure that it had been completed appropriately and made note of all issues found and incorporated them into an action plan.

However, noted that where certain issues were identified there was not always a record of the actions taken. Audits continued to identify the same issue for consecutive months. For example, in February 2018 a missing foot rest for a wheelchair had been highlighted as part of the equipment check audit. There was no information recorded for how this was to be resolved. Audits then completed in March and April 2018 highlighted the same issue with no detail of the action taken. We highlighted this to the registered manager and the provider who acknowledged the feedback with a view to making improvements.

We also noted that where audits and checks were completed by both the registered manager and the provider, several action and improvement plans in place did not always clearly evidence the actions and improvements that had taken place. The registered manager and provider were working from several different action and improvement plans which meant that areas for action may have been missed or where actions had been taken this had not always been documented. During feedback, we highlighted this to the registered manager and provider that they needed to establish an effective system which consolidated the results of all audits and checks into one central action plan that could be regularly tracked and updated.

At the last inspection in November 2017, we found that because of a food hygiene inspection that had taken

place in May 2017, the service had been downgraded in their rating from a three-star rating to a two-star rating. During this inspection we found that the service had made the required improvements as stated by the Food Safety Agency and were waiting for a re-inspection.

At the last inspection we found that the organisation of care plans was poor. We found that care plans were disorganised and contained many care plan templates with inconsistent information contained within them. We were unable to confirm which document within the care plan was current and most appropriate to follow as each document had been signed as reviewed and current by the manager. During this inspection we found that the service had addressed this issue. Care plans were structured, organised and clear to follow.

During the last inspection in November 2017 we found that although the service obtained feedback from people and their relatives through the completion of satisfaction surveys, the results were not analysed and feedback was not provided to people and their relatives detailing the outcome of the survey and any improvements that they planned to implement as a result. At this inspection we found that the service had addressed this issue. People and their relatives were asked to complete surveys on a six-monthly basis. Questions asked were in line with the CQC's Key Lines of Enquiry. These are a set of questions that CQC ask providers and services so that we can assess and confirm that a service is providing a safe, effective, caring, responsive and well-led care and support.

The last survey was completed in August 2018 and responses received were overall positive. Written comments included, 'It is a lovely home for elderly people' and 'I am happy with the care and service given to my mother. She is in good health and care at Eliza House.' The registered manager confirmed that after analysis of the results he gave verbal feedback to each person and their relative on a one to one basis about the outcome and the actions they planned to take as a result. Records confirmed that relatives had signed to confirm that they had received this feedback. People were also involved in giving feedback, suggestions and ideas through monthly resident meetings. Topics for discussion included activities, general feedback, food and future trips planned.

People and their relatives told us they knew the registered manager who was approachable and communicated well with them. Relatives told us that the service communicated with them about their relatives especially where incidents or accidents had occurred or where their relative had taken ill. They also found care staff were always approachable and gave them the desired information about their relative. One person when asked if they knew who the registered manager was, told us, "Probably do but I can't remember. I can't think of anything to say." Relatives' feedback included, "I cannot remember his name, but I have had two meetings in the past month with him", "The manager is good and very approachable and it's never difficult to get hold of him" and "The communication is good, they keep me informed."

Care staff were equally positive about the new registered manager and felt supported in their roles. Care staff also spoke positively of the improvements that had been implemented. Feedback from care staff included, "I have seen an improvement. For example, the care plans; [registered manager] has turned them around. It has seen a great deal of transformation", "He [registered manager] supports us more. Anything you need he helps you with it" and "Whenever we call her [provider] and [registered manager] they are here. We get to speak with [registered manager] first. During the weekend we can call [provider]. They are always available for us."

Records showed and staff told us that there were regular staff meetings held every two months. Staff meeting agendas included discussions around meal choices, medicines management, senior carer roles, floor walks and team issues. Staff told us that they had an opportunity to raise concerns and felt

management listened to them. In addition, the registered manager told us that he held lessons learnt meetings following any incident or accident that had occurred in the home. This gave the care staff team an opportunity to review and analyse the incident with a view to taking note of lessons that could be learnt with a view to preventing any future re-occurrences.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals including the Care Home Assessment Team. In addition, the service had worked closely with the local authority to implement the required improvements that had been identified as part of the previous CQC inspections and local authority monitoring.

Since the last inspection the registered manager and provider had been proactive and committed to improving the service. Managerial oversight of the service had improved since the last inspection. However, we have rated well-led as Requires Improvement as it needs to be demonstrated over time that these improvements have been embedded. We will check this at our next planned comprehensive inspection.