

Elizabeth House (Oldham) Limited

# Elizabeth House

## Inspection report

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Greater Manchester  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Elizabeth House is a residential care home providing personal care for up to 30 people. At the time of our inspection there were 21 people living at the home. The home is an adapted building set in its own grounds.

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

Relatives told us they were happy with the care and support provided by staff.

There had been an improvement in the standard of maintenance and cleanliness in the home since our last inspection. The communal areas and corridors had been redecorated creating a brighter environment.

Staff training had fallen behind. The normal provision of face to face training had not taken place due to the COVID-19 pandemic. However, the provider had not found alternative training provision, such as on-line training. Staff supervision meetings had been held regularly, and staff told us they felt supported by the manager.

Recruitment procedures were robust and there were enough staff to care for people safely. Staff told us they knew the procedure for reporting safeguarding concerns, although some staff had not completed training in this subject.

Medicines were managed safely.

Quality assurance audits and health and safety checks had been completed regularly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 11 October 2019). There were breaches of three of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection improvement had been made and the provider was no longer in breach of those regulations. However, we have found the provider was in breach of a different regulation.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

remained requires improvement. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

At this inspection we identified a breach of the regulations in relation to staff training.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Elizabeth 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 Care Act 2014.

This was a focussed inspection to check whether the provider had met the requirements of the warning notices in relation to Regulation 15 (Premises and equipment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the requirement notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

#### Inspection team

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

#### Service and service type

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

The service had a new manager who was in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Due to the COVID-19 pandemic we announced the inspection the day before our visit. This ensured we had prior information to promote safety. Inspection activity started on 12 January 2021 and finished on 28 January 2021, at which point we had analysed all the additional information we had requested from the provider and spoken with staff. We visited Elizabeth House on 12 January 2021. The Expert by Experience spoke with relatives on the telephone on 15 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, which had been collected by our ongoing monitoring of care services. We sought feedback from the local authority and from Healthwatch Oldham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager and owner of the service. We reviewed a range of records relating to the safe, effective and well-led key questions. This included three people's care records and risk assessments, three staff recruitment files, multiple medication records, health and safety records and audit and governance information.

#### After the inspection

We spoke with seven relatives on the telephone and asked them about their experience of the care provided. We also spoke with two care staff. We requested additional information from the manager to help us make our judgements.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We did not speak with people on the inspection due to COVID-19 restrictions. However, relatives reported people felt safe at the home and were happy with the way staff treated their loved ones. One relative said, "Staff are excellent and treat [name] with kindness and like he's their own dad, which is lovely." Another said, "The staff are always kind and have time for [name]. They make him happy and he loves the staff."
- Staff we spoke with understood their obligation to report any concerns or worries they had about people's care.

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

- Regular equipment safety checks had been completed and equipment had been serviced.
- Risks to people's health and well-being had been assessed and information was available to help staff minimise identified hazards. Risk assessments for staff with a higher probability of being affected by COVID-19 had been completed.
- Any accidents or incidents at the service, such as falls, were reviewed to help identify any trends and minimise a reoccurrence.

Staffing and recruitment

- Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working for the service.
- We received mixed comments about staffing levels. However, we did not find any evidence to suggest there were not enough staff to care for people appropriately. Comments from relatives included; "Plenty of staff about and generally the same smiling faces"; "When I have visited, I never see residents left for long. The staff are always interacting as they pass people" and "Never enough staff about and they are rushed off their feet."

Using medicines safely

- Medicines were administered safely.
- Medicines administration records had been completed correctly and regular audits of records had been carried out.
- Guidance was in place for 'when required' medicines, such as paracetamol.
- Body maps were used to show staff how to apply topical medicines (creams). However, these were not in place for people who received their medicine through a patch. The manager agreed to put these in place.

Preventing and controlling infection

At our last inspection the provider had failed to ensure adequate infection prevention and control measures were in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the service was no longer in breach of this regulation.

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



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We reviewed the staff training records and found some staff had not completed the required training. For example, during 2020 no staff had completed annual fire training. Two staff had never had fire training and one staff member had not had fire training since February 2018. Four staff had not completed any training in safeguarding, first aid, dementia care and food hygiene.
- One care worker's supervision record dated 24/9/20 stated '[Name] requires all training which will be arranged in the next couple of weeks.' However, this had not been implemented.
- The Covid-19 pandemic had impacted on the completion of face to face training sessions, for which external providers were normally used. However, the service had not taken steps to provide alternative training, such as via e-learning, to ensure staff were trained in essential topics.

Failure to provide adequate staff training was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager enrolled the service with an accredited on-line health and social care training provider. We will review how well the service has implemented an on-line training programme at our next inspection.
- Staff told us they had been well supported by the manager through supervision meetings, which had been held several times a year.

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

At our last inspection we found some areas of the home had not been adequately maintained and were in need of repair. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the service was no longer in breach of this regulation. However, further improvements are needed to ensure the building is decorated and maintained to an adequate standard.

- The leak in the dining room ceiling and hole in the wall outside the medicines room had been repaired. Carpets had been replaced with modern flooring. The communal rooms and corridors had been redecorated and were now brighter and smarter.

- However, flooring in the downstairs toilets needed replacing, further improvements were needed to the kitchen units and there was staining on the downstairs bathroom ceiling where there had been a recent leak.
- Pictorial signage on lounge, dining room and toilet doors helped people with dementia or poor sight find their way around the home more easily.

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

- The care and support people needed was captured as part of the assessment process. People had detailed care plans which described the help they needed from staff.
- All relatives felt the staff knew their loved ones very well and knew their likes and dislikes or moods. All said they had completed their loved one's life histories on admission to service.

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

- We received mixed comments about the food offered at Elizabeth House. Comments included; "(Name) has eaten more since he's gone into the Home. He eats the meals with gusto. We have been offered meals when we have visited at mealtimes and although we have not eaten them, they look very good" and "The menu doesn't change a lot and the food is quite repetitive, it's not a good standard."
- People's weight was routinely monitored. If people had lost weight, they had been appropriately referred to a dietician or their GP for advice.

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

- People had access to a range of medical and healthcare services, such as GPs and district nurses. We saw evidence that staff referred people for specialist help when needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been submitted to the local authority for authorisation, as required.
- People were encouraged to make decisions about their care and support,
- Staff gained people's consent before providing care and support. Signed consent forms were held in people's care files.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure there was adequate oversight of the maintenance of the service. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Improvements had been made to the interior of the building, as detailed in the effective section of this report.
- Regular audits and checks on different aspects of the service had been completed. However, oversight of staff training had not been robust and had training had fallen behind.
- Some information had been added to documents, such as care plans, without a signature or date. The manager agreed to rectify this.
- The provider and manager understood their responsibilities to report incidents and events and be honest and transparent when things went wrong. However, we found two incidents which had not been reported to the CQC as required. These were reported to us immediately after the inspection.
- The manager agreed to review their process for notifying the CQC of incidents to ensure these were submitted on time. Services are legally required to send the CQC information about certain events so we can decide if any further action needs to be taken.
- Relatives were informed if something went wrong. Relatives told us they were happy with the way staff communicated with them. One person said, "Excellent communication and staff are right on the phone for anything no matter what."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Person-centred care was evident from people's care plans and from the positive feedback we received from relatives.
- Relatives were complimentary about the home and its management. Comments included, "The home is being run well and they have dealt with this pandemic excellently" and "There has definitely been an improvement all round. I would recommend this home to anyone because of the manager and wonderful

staff."

- Staff spoke positively about the home and told us they found the work rewarding. Staff told us they worked well together and there was good teamwork.
- Staff meetings had been held every few months. The manager agreed to document the minutes of team meetings in future, so that information was easily available to everyone and any actions could be followed up.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff completed mandatory training.